



Please print this form, complete it including information for each team member and mail to the address listed below. Entries must be postmarked by date related to each fee listed below. Registrations mailed within the late registration periods must be confirmed with race director by phone or email. Make checks out to Econaut Investments LLC. Question can be directed to info@trioba.com or 253-273-1026

Mailing Address:
Trioba
c/o Glenn Rogers
6133 Cromwell Dr NW
Gig Harbor, WA 98335

Team Member #1 (Captain)

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip _____

Email: _____

Phone: _____

Gender: M F DOB: _____

Emer. Contact: _____

Emer. # _____

Team Member #3

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip _____

Email: _____

Phone: _____

Gender: M F DOB: _____

Emer. Contact: _____

Emer. # _____

Team Member #2

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip _____

Email: _____

Phone: _____

Gender: M F DOB: _____

Emer. Contact: _____

Emer. # _____

Team Member #4

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip _____

Email: _____

Phone: _____

Gender: M F DOB: _____

Emer. Contact: _____

Emer. # _____

**EVENT PARTICIPATION AND VOLUNTEER
ACCIDENT WAIVER AND RELEASE OF LIABILITY AGREEMENT**

PLEASE READ CAREFULLY: THIS IS A PROMISE TO DEFEND, INDEMNIFY AND NOT TO SUE

I acknowledge that the Trioba Adventure Race/Rogaine (“**Event**”) is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury, and property loss or damage. I understand that the risks of participating or volunteering in this Event include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people (including, but not limited to, participants, volunteers, spectators, coaches, Event officials and monitors, and producers of the Event), and lack of hydration. These risks are not only inherent to athletics, but are also present for volunteers. I hereby expressly agree to assume all of the risks, foreseeable or unforeseeable, of participating or volunteering in this Event. I realize and understand that liability may arise from negligence or carelessness on the part of the persons or entities being released hereunder, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

In consideration of my application and permitting me to participate or volunteer in this Event, I hereby agree to: (A) **WAIVE, RELEASE AND DISCHARGE Econaut Investments, LLC**, its members, managers, directors, officers, employees, volunteers, representatives, contractors and agents, and each of their respective owners, shareholders, members, managers, directors, officers, employees, volunteers, representatives, contractors, or agents, Event holders, Event sponsors, and Event volunteers (collectively, the “**Releasees**”) from any and all losses, liabilities, damages, fees, costs and expenses (including, but not limited to, attorneys’ fees) (collectively, “**Losses**”) arising from my death, or any disability, personal injury, property damage, property theft or loss, or actions of any kind that may hereafter accrue to me, including, but not limited to, during my travel to and from this Event; and (B) **DEFEND, INDEMNIFY and HOLD HARMLESS** the Releasees from any and all Losses as a result of any claims made as a result of participating or volunteering in this Event, whether caused by the negligence of the Releasees or any other person, breach of contract or implied warranty of merchantability or fitness for a particular purpose, theft, loss, damage or otherwise. I hereby declare that this Event Participation and Volunteer Accident Waiver and Release of Liability Agreement (this “**Waiver/Release**”) is to be binding upon my spouse, next of kin, heirs, executors, personal representative, administrators, successors, and assigns. I acknowledge that the Releasees do not accept any responsibility or liability for my safety. I further acknowledge that this Waiver/Release form will be used by holders, sponsors and organizers of events in which I may participate or volunteer and that it will govern my actions and responsibilities at said events.

I certify that I am physically fit, have sufficiently trained to participate or volunteer in this Event, and have not been advised otherwise by qualified medical personnel. I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, or illness during this Event.

I understand that at this Event or related activities, I may be photographed and filmed. I agree to allow my photo, video or film, name, voice, likeness, and other identifying characteristics to be used for any legitimate purpose by the Event holders, producers, sponsors, organizers and assigns.

This Waiver/Release is governed by the laws of the State of Washington, without regard to conflicts of laws principles, and shall be enforced exclusively in a state or federal court of competent jurisdiction in King County, Washington. This Waiver/Release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. If any provision of this Waiver/Release is determined to be unenforceable, all other provisions shall not be affected and shall be given full force and effect.

I FULLY UNDERSTAND THAT I FOREVER GIVE UP ANY RIGHT TO SUE OR MAKE A CLAIM AGAINST THE RELEASEES IF I SUFFER INJURY, DEATH, OR DAMAGE (PHYSICAL OR PROPERTY) EVEN THOUGH I DO NOT KNOW WHAT OR HOW EXTENSIVE THE INJURY OR DAMAGE MAY BE. I HEREBY PERSONALLY ASSUME ALL RISKS WHETHER FORESEEN OR UNFORESEEN IN CONNECTION WITH THIS EVENT OR ANY ACTIVITIES INCIDENTAL THERETO. I FULLY UNDERSTAND AND AGREE THAT THESE TERMS ARE CONTRACTUAL AND NOT A MERE RECITATION AND THAT I HAVE VOLUNTARILY SIGNED THIS DOCUMENT.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS WAIVER/RELEASE, FULLY UNDERSTAND AND ACCEPT ITS TERMS AND ITS LEGAL EFFECT, ACKNOWLEDGE THAT I UNDERSTAND I HAVE GIVEN UP SUBSTANTIAL AND VALUABLE RIGHTS BY SIGNING IT, AND THAT I HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, GUARANTEE, OR ORAL REPRESENTATION BEING MADE.

Print Participant’s or Volunteer’s Name	Age	Signature (if under 18 years-old parent or guardian must also sign)	Date
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PARENT OR GUARDIAN WAIVER FOR MINORS (Under 18 years-old)

The undersigned parent and/or natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to defend, save, hold harmless and indemnify each and all of the Releasees from all Losses whatsoever that may be imposed upon the Releasees because of any defect in, or lack of such capacity, to so act and release the Releasees on behalf of the minor and the parents or legal guardian. The undersigned parent or natural guardian further acknowledges that, but for this Waiver/Release, the participant or volunteer of this Event would not be permitted to participate or volunteer.

Print Name of Parent or Guardian	Signature of Parent or Guardian	Date
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