



Please complete the form below and mail to along with  
 your payment to register:  
**Karyn Austin**  
**Karyn Austin Coaching**  
**4823 SW 91st Drive**



Swimmer Name \_\_\_\_\_

Athlete Age \_\_\_\_\_

Any health concerns or medical issues? \_\_\_\_\_

If you selected "yes" above, please describe: \_\_\_\_\_

Name (Parent if athlete is under 18) \_\_\_\_\_

Phone (Parent if athlete is under 18) \_\_\_\_\_

Email (Parent if athlete is under 18) \_\_\_\_\_

**Emergency Contact (complete if someone other than parent, otherwise leave blank)**

Emergency Contact Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Choose Your Preferred League, Location, or Session (required) \_\_\_\_\_

I acknowledge that training for and/or participating in a bicycle, running, swimming, triathlon or duathlon event is an extreme test of a person's physical and mental limits and such training or participation poses potential risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ASSUME ALL THE RISKS OF TRAINING FOR AND PARTICIPATING IN SUCH EVENTS and agree to the following (initial statement to which you agree at the "Init" space):

(Init) \_\_\_ Karyn Austin. has been retained to assist me in the improvement of my fitness.

(Init) \_\_\_ I hereby attest that I am in good health and my physical condition has been verified by a licensed medical doctor and, furthermore, the licensed medical doctor has been advised that I intend to participate in these events.

(Init) \_\_\_ In consideration of being accepted as a fitness client by Karyn Austin Coaching, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf: (a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, costs, or liabilities for death, personal injury or damages of any kind, which arise out of or relate to my training for or participation in a bicycling, running, swimming, triathlon or duathlon event.

(Init) \_\_\_ I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM WAIVING SIGNIFICANT LEGAL RIGHTS AND AM INCURRING SIGNIFICANT LEGAL LIABILITIES.

Printed Name: \_\_\_\_\_

Signature (Athlete of Parent/Legal Guardian if under 18):

\_\_\_\_\_ Date: \_\_\_\_\_