



Bike Clinic Athlete Waiver & Release

I acknowledge that biking is a test of a person's physical and mental limits and poses risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ASSUME ALL THE RISK OF PARTICIPATION IN THE BIKE CLINIC(S) FOR TEAM TRIUMPH ON _____ and agree to the following:

Alison Headley of TRIumph Coaching LLC has offered to conduct a bike clinic to assist me with the improvement of my bike riding and handling skills. I have voluntarily signed up for this with the understanding of the safety risks involved in cycling.

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

I agree that I will not hold Alison Headley or Triumph Coaching responsible for any injury, accident, medical condition, damage, or death that may result from this cycling clinic. I am doing this voluntarily and recognize the inherent risks in biking and any type of triathlon training.

Print Name

Sign Name

Date
