

**NAVY MWR FACILITIES, PROGRAMS AND ACTIVITIES
TRIATHLON, DUATHLON, OBSTACLE COURSES, ENDURANCE CHALLENGES,
OR OTHER MULTI-SPORT EVENTS
RELEASE OF LIABILITY AND ASSUMPTION OF RISK**

• THIS IS A LEGAL DOCUMENT •

Please read and fully understand this document before signing. If you have any questions, please consult an attorney.

Full Name of MWR Patron/Participant: *(Include Age, if under 18)*

Parent/Guardian Name (if applicable):

MWR Event/Activity: **WIBIT**

Location: **NORTH LAKE**

Date of Event: **SUMMER 2026**

Navy Morale, Welfare and Recreation (MWR) is committed to operating its facilities and conducting its activities in a safe manner and holds the safety of its patrons and their guests of paramount importance. Navy MWR continually strives to reduce the risks associated with its operations and insists its patrons are aware of and follow all safety rules and instructions designed to protect them.

General. I confirm that I am an eligible MWR patron over 18 years of age, and if under 18 years of age, an authorized MWR patron participating in an MWR activity or utilizing MWR facilities or equipment (hereafter "MWR activity") described below with express consent of my parents or other legal guardian(s). I also acknowledge that I have voluntarily chosen to participate in this activity offered by Navy MWR, and that the activity in which I am participating has certain risks, inherent and otherwise, that cannot be eliminated, and these risks can cause loss, damage and destruction to equipment and personal property, accidental injury and illness, and in extreme cases, permanent trauma, disability or death.

Warning of Risk. Despite proper maintenance and preparation of facilities, instruction, medical advice, conditioning, and equipment, there is risk of serious injury when participating in any MWR activity. While some risks are inherent to the facility or the activity concerned, not all hazards and dangers can be foreseen. Depending on the particular facility or activity, I understand that there exists certain risks, dangers, and the possibility of injuries from inclement weather; course conditions, both on land and in water, to include drowning; contact naturally occurring with plants, animals, and insects; slipping or falling, whether it be through poor skill level, preexisting medical condition, physical limitations, inattention, fatigue, exposure to the elements, carelessness, or horseplay; inadequate or defective equipment; inadequate supervision or instruction, including the negligent act or omission of a Navy MWR employee or other individuals; and other circumstances inherent to the MWR activity. I also understand and acknowledge that there may be "free" time when I may not be actively participating in the activity or event for which I am intending to participate, yet potential hazards may nevertheless be present. In this regard, I recognize that Navy MWR cannot guarantee my absolute safety should I participate in this MWR activity.

MWR Activity. I understand and acknowledge the physical and mental rigors associated with a triathlon, duathlon, obstacle courses, endurance challenges, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such events are inherently dangerous and represent an extreme test of a person's physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, drowning, permanent disability, paralysis and death; loss or damage to personal property; exposure to extreme conditions and environments under a wide range of conditions; accidents, illness, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures;

You are encouraged to learn of additional risks associated with your participation in this and other MWR events through Recreational Off--Duty Safety (RODS) information, resources, and reference material available at the Navy Safety Center web site, http://www.public.navy.mil/NAVSAFECEN/Pages/shore/off--duty_rec/off_duty_rec.aspx, as well as additional safety---related resources made available through your command's RODS Office, as well as commercial resources.

participants of varying skill levels; situations beyond the immediate control of Navy MWR, its employees, volunteers and other event organizers; and other undefined harm or damage which may not be readily foreseeable, and other presently unknown risks and dangers ("risks").

I know that participating in this event is a potentially hazardous activity, and that I should not enter unless I am medically and physically able and properly trained. I understand that these risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the event, or the acts, inaction or negligence of the released parties described herein. I agree to be familiar with and abide by the rules and regulations established for the event, I also accept sole responsibility for my own conduct and actions while participating in the event, and the condition and adequacy of my equipment. I hereby expressly assume all such risks and responsibility including, but not limited to, falls, contact with other participants, and contact with motor vehicles, the effects of the weather including high heat and humidity, water temperatures and current, traffic, with all such risks being known and appreciated by me.

Medical Information and Consent to Treatment. In the event of injury or illness, I authorize on behalf of myself (or my child/ward, having not attained the age of 18 years), Navy MWR to obtain first aid and medical treatment at the nearest and most adequate medical facility of its choice. This medical treatment authorization form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances for myself (or my child or ward).

Medical Insurance. I have adequate health, disability and life insurance for my family and myself. I hereby give permission for transportation to any medical facility or hospital, and I authorize for any MWR employee or volunteer, or any medical personnel to render necessary emergency medical care for my family or me. I hereby authorize the release of any medical information, including information concerning my blood-borne infectious diseases status, in the possession of Navy MWR to any medical facility, hospital, ambulance, first aid provider or other medical care provider rendering care of my behalf, and, hereby waive any action or claim against Navy MWR and its personnel, any health care facility or provider, or first aid provider for release of this medical information, including my blood-born infectious diseases status.

ACKNOWLEDGMENT AND SIGNATURE

By my signature, below, I unconditionally release and hold harmless the Department of the Navy, Navy MWR (a nonappropriated fund instrumentality (NAFI)), and its employees against and for all liability, cost, expenses, claims, and damages for which the U.S. Navy or Navy MWR might otherwise become liable by reason of any accidents, or injuries to or death by any persons, or damage to property or both, in any manner arising or resulting from, caused by, connected with or related to the presence of any such person upon such property, facilities or premises, regardless of how, where, or when such injury, death or damage occurs even if caused by the negligence of Department of the Navy, Navy MWR (NAFI), its agents, servants, or employees, or due to conditions or operation on or defects in the premises. Further, my signature below also signifies that I have read this release and assumption of risk document and fully understand all its terms. I execute it voluntarily and with full knowledge of its significance.

Full Name of MWR PATRON / PARTICIPANT:

(Please Print)

Full Name of Patron's/Participant's PARENT or LEGAL GUARDIAN(s):

(Please Print)

SIGNATURE of Patron's/Participant's PARENT or LEGAL GUARDIAN(s):

DATE of Signature:

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