



STATEMENT OF MEDICAL FITNESS MEDICAL ISSUES DECLARED

This Part to be submitted to the Race Director, prior to registration and must be accompanied by a signed statement from the Participant's Doctor

"I declare that, after having read and understood the inherent risks in participating in this event, as stated in The RACE WAIVER, I believe that I have no physical or health conditions which might endanger my life, or the safety of the other participants in which I will be engaged. I further declare that, I have consulted a medical health professional who, in accordance with the conditions stated on the form, has determined that I am fit to participate in this event with no limitations.

"I also declare that if I am required to take a regular course of prescription medication that I have a supply of medication with me that is sufficient for the duration of the event plus any reasonably anticipated delays that might occur. I will advise the Race Director, Organizer, Coach or First Aid Attendant(s) of the location of such medication, the dosage and/or the symptoms which might indicate when the medication should be taken. I will also advise these persons of any known allergies." *(See Section below for this procedure)*

Failure to disclose information respecting your health could result in inappropriate emergency treatment in the event that you are incapacitated thereby resulting in your disability or death; or, could result in your injury or death through your inability to respond to event related challenges and emergency situations; or, could result in injury or death to others or damage to the venue and the environment in attempting to affect your rescue, treatment, or evacuation.

Declared By:

| | | | |
|---------------|--|-------|--|
| Name: | | | |
| Signature: | | Date: | |
| From: | | To: | |
| Witnessed By: | | | |

MUST BE SIGNED BY ATHLETE'S DOCTOR

| | | |
|---------------|---------------------------|--|
| Re | (insert athlete's name →) | |
| For Event | (insert name of event →) | |
| To be held at | (insert event location →) | |
| On | (insert event date →) | |

I have read the general statement of risk, am aware of the potential risks to this individual and have deemed them fit to participate in the above named event **without any limitations.**

| | | | |
|---------------|--|-------|--|
| Practitioner: | | | |
| Signature: | | Date: | |
| Telephone: | | | |

PROTECTED WHEN COMPLETED

Any documentation provided by the participant related to their medical status as declared in the application for entry into this event, will be handled as PROTECTED.

Information considered as PROTECTED will include Copies of all Medical Disclosure Documents, Medical Practitioner's Statements, or Lists of Medication and will be handled in accordance with TRIATHLON ONTARIO's Privacy Policy.

Documents should be retained for a period of at least seven (7) years following the event, after which the documents can either be destroyed in a manner appropriate for PROTECTED material.

For reasons of privacy, participants may choose to provide information regarding allergies and prescription medication in a sealed envelope on the provision that the envelope is not to be opened except in the event of their being unconscious and unresponsive.

Upon completion of the event, the envelope, if unopened, can be returned to the participant for destruction. If circumstances were such that the envelope had to be opened, the contents shall be retained and handled as PROTECTED information.