

# RINCON TRIATHLON CLUB MEMBERSHIP APPLICATION

Name \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Ph. \_\_\_\_\_ Home Ph. \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ T-shirt size \_\_\_\_\_

Employer (optional) \_\_\_\_\_

Do you wish to share your contact information on a club roster? Yes \_\_\_ No \_\_\_

Individual membership                      \$35                      \_\_\_\_\_

First additional family member              \$20                      \_\_\_\_\_

Each additional family member              \$15                      \_\_\_\_\_

TOTAL ENCLOSED                      \_\_\_\_\_

Club t-shirts that are included as part of your membership will be available for pick up at club sponsored workouts and functions.

Please attach a separate form for each family member. Make checks payable to:

Rincon Triathlon Club  
P.O. Box 7611  
Ventura, CA 93006-7611

Referred by: \_\_\_\_\_

## Acknowledgement, waiver and release from liability (AWRL)

I acknowledge that a triathlon or duathlon event is an extreme test of a person's physical and mental limits and carries with it potential for death, serious injury and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN ALL TRIATHLON CLUB FUNCTIONS. I certify that I am physically fit, have sufficiently trained for this event and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on the AWRL are being accepted by the USA Triathlon Chartered Club and are being relied upon by USAT and the club organizers and administrators in permitting me to participate in any organized club function. In consideration for allowing me to become a club member in a USAT Chartered Club and allowing me to participate in organized club functions, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns: (a) I AGREE to abide by the Competitive Rules adopted by USAT, including the Medical Control Rules, as they may be amended from time to time, and I acknowledge that my club membership may be revoked or suspended for violation of the Competitive Rules, (b) I WAIVE, RELEASE AND DISCHARGE from any and all claims of liabilities for death, personal injury, property damage, theft or damages of any kind, which arise out of or relate to my participation in or my traveling to and from an organized club function, THE FOLLOWING PERSONS OR ENTITIES, USAT chartered clubs, club sponsors, volunteers, representatives, and agents of any of the above, (c) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein, and (d) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during an organized club function. I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OR AGE OR OLDER, I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

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

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

I am under eighteen (18) years of age. My parent/guardian has read and completed the section below. If the applicant is under 18 years of age, a parent/guardian must execute, in addition to the foregoing AWRL, the following for and on behalf of the minor.

The undersigned \_\_\_\_\_ (parent and natural guardian or legal guardian) of

\_\_\_\_\_ (minor's name) hereby executes the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for or on behalf of the minor in the execution of the foregoing AWRL or in the execution or the consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other health care facility (medical provider) to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any organized club function. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any risks for and on behalf of myself or said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE: Parent/Guardian must also sign AWRL above.

Parent/Guardian Signature: \_\_\_\_\_

Office use only:              Date received: \_\_\_\_\_              By: \_\_\_\_\_