



**TriBal Triathlon Club, Evergreen Colorado** **OFFICIAL CLUB**

**TRIATHLON CLUB MEMBERSHIP APPLICATION**

Evergreen TriBal Triathlon Club 2010

**APPLICANT INFORMATION**

Name:		
Date of birth:	Home Phone:	Mobile/ other Phone:
Address:		
City:	State:	ZIP Code:
Email:	Are you a member of USAT? Y <input type="checkbox"/> N <input type="checkbox"/>	USAT#:

**SPOUSE INFORMATION IF JOINT MEMBERSHIP**

Name:		
Date of birth:	USAT#:	Mobile/ Other Phone:
Email:		

**EMERGENCY CONTACT**

Name of a relative not residing with you:		
Address:		Phone:
City:	State:	ZIP Code:
Additional Phone:		

**INTEREST INFORMATION**

What is your Main Sport:		
Other Interests/ Sports:		Do you Compete? Y <input type="checkbox"/> N <input type="checkbox"/>
How Many times per week do you:	Swim:	Bike:
Run:	Cross Train:	What Type:
Would you be interested in:	Strength Training?	Masters Swimming?
Indoor Cycling Sessions (Not necessarily Spin):	Outdoor Group Rides?	Group Runs?
Which Days in the Morning?	Afternoon?	Evening?

**WAIVER**

I understand that training for and participating in triathlon, duathlon, swim, bike and running events is a test of my physical, mental, and emotional limits. I understand that such training and participation poses potential risks of serious injury, property damage and death. I HEREBY ASSUME WITH FULL UNDERSTANDING ALL RISKS OF TRAINING AND PARTICIPATING IN SUCH EVENTS.  
I attest that I am in good health and my physical condition has been verified by a medical doctor.

I WAIVE, RELEASE AND DISCHARGE USA Triathlon, TriBal Training, Julia Purrington, consultants, and any agent for Julia Purrington from any and all claims, costs, or liabilities for personal injury, death, or damages of any kind related to or arising from my training or participation in any physical activity.

I AGREE NOT TO SUE any of the persons or entities mentioned above for any claims, costs or liabilities that I have waived, released and discharged herein.

I INDEMNIFY, DEFEND, AND HOLD HARMLESS the persons or entities listed above from any and all claims made or liabilities assessed against them as a result of my actions except those resulting from the willful acts or gross negligence of Julia Purrington.

I AGREE THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT'S CONTENTS and I agree that all information provided is true and accurate to the best of my knowledge.

NAME:

Signature      By checking this box, I agree that I am over 18 and that I agree to the above statements

Date