



2012 Membership

Date Joined/Renewed _____ Membership Expires _____
Member Number _____
New Renewal
Waiver Signed On _____
Payment by: Cash Check (made payable to Tucson Tri Girls)

Name: _____

Address: _____

City: _____ Zip: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Occupation: _____

DOB: _____

USAT Number (if member): _____

Emergency Contact Information

Emergency Contact: _____

Contact Phone: _____

_____ (please initial) **My initials here signify that I understand that the Tucson Tri Girls has no refund policy on the annual membership fee.**

I HEREBY ASSUME THE RISKS OF PARTICIPATING IN ALL TUCSON TRI GIRLS (the "CLUB") FUNCTIONS. I acknowledge that triathlon, multi-sport activities, and Club events are an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I certify that I am physically fit, have sufficiently trained for participation in this event(s) and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this Acknowledgement Waiver and Release from Liability ("AWRL") are being accepted by the USA Triathlon Chartered Club and are being relied on by USA Triathlon 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 USA Triathlon 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 USA Triathlon, 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 or 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; USA Triathlon chartered Clubs, Club sponsors, volunteers, all states, cities, counties or localities in which Club functions or segments of Club functions are held, and the officers, directors, employees, 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 OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS. If the applicant is under eighteen (18) years of age, their parent/guardian must sign this AWRL AND the additional release below.

PRINTED NAME _____

SIGNATURE _____ DATE _____

If applicant is under 18 years of age, a parent or guardian must execute, in addition to the foregoing AWRL, the following, for and on behalf of the minor.

The undersigned _____ (parent/guardian) the 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, the minor 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 and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or 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 provider arising out of or relation 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 consent to the administration of anesthesia as deemed advisable during the course or such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and 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 _____

RELATIONSHIP TO MINOR _____

DATE _____