Elmhurst Tri Club 2010 Membership Application

Name:
Address: City:
State:

Email:
Phones – Home: Mobile:
Gender:
Birth Date:
USAT Member # (if applicable):

Triathlon Experience:

What would you like to get out of joining the club or Areas of Interest?

Make checks for $25 payable to: **Elmhurst Tri Club, Inc.**
Mail to: **Karen Zenisek or k.zenisk@comcast.net**
721 Parkside Ave
Elmhurst, IL 60126

Acknowledgement, Waiver, & Release From Liability (AWRL)

I acknowledge that a triathlon or multisport/duathlon is 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 HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS OR MULTISPORT/DUATHLONS, I certify that I am physically fit, have trained for participation in these events, and have not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by the Elmhurst Tri Club and the sponsors and organizers of all Elmhurst Tri Club activities, activities being of a workout or low-key nature or a race format or just a social event. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows: **a)** WAIVE, RELEASE, DISCHARGE and AGREE NOT TO SUE, for any and all liability for my death, disability, personal injury, property damage, property theft, or action of any kind which may hereafter accrue to me as a result of participation in, or my traveling to or from an Elmhurst Tri Club activity. THE FOLLOWING PERSON OR ENTITIES: Elmhurst Tri Club, event sponsors, race directors and coordinators, event producers, event volunteers, and all cites, counties, districts and/or states in which said events may be staged or in which segments of said events may be run and its (their) officers, directors, coordinators, employees, representatives and agents and volunteers; **b)** INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in the paragraph from any and all liabilities or claims made by individuals or entities as a result of my actions during Elmhurst Tri Club activities or events. I realize that most Elmhurst Tri Club activities are of a workout or social nature and no traffic control will be in place during the event or activity. I will be responsible for knowing and following all traffic laws while participating in, practicing for, or traveling to or from an Elmhurst Tri Club event or activity. I hereby consent to receive treatment in the event of my injury, accident, and/or illness during any Elmhurst Tri Club activity.

I CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; I HAVE READ THIS DOCUMENT; AND UNDERSTAND ITS CONTENTS:

Printed Name: Date
Signature _____ Date
Contact Person in case of Emergency:
Phone:

If under eighteen (18) years of age, parent or guardian must sign waiver:
Parent/Guardian Signature: Date

Check: Check Date: Deposit Date Update Membership List [ ] Sent Membership card [ ]