TRI K TRIATHLON CLUB MEMBERSHIP FORM

NAME_____

ADDRESS_____

City_____St_____Zip_____

HOME NUMBER_____ CELL_____

Email_____

EMERGENCY CONTACT

NAME_____

ADDRESS_____

City_____St_____Zip_____

HOME NUMBER_____CELL_____

MEMBERSHIP FEE

$20.00 individual - $30.00 family of 2 - $10.00 college students

Make checks payable to:
Tri K Triathlon Club

Mail checks to:
P.O. Box 38
Bradley, IL 60915

TRI K TRIATHLON CLUB

TRI K TRI CLUB

LIABILITY WAIVER AND RELEASE

I, the undersigned participant request permission to participate in the Tri K Tri Club event (TKTC). I fully understand my participation may involve risk of serious injury, illness, or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment, or areas where the activity is being conducted, and/or the rules of play of this type of activity. I understand that if I have any concerns, I shall discuss them completely with the Activity Coordinators before I sign this agreement and before my participation the activity begins. Coordination of this activity is by TKTC and any board member may address your concerns.

Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume full and complete responsibility for all losses and damages, including injury, illness, and death, resulting from my participation in the activity, including transportation to and from the activity. I agree I am financially responsible for any losses and damages resulting from my participation in the activity.

I certify that I am in good health and have no medical condition preventing my safe participation in this activity. I agree to use my personal medical insurance as the primary medical coverage if accident, injury, or illness occurs. I consent o emergency medical treatment in the event such care is required.

I acknowledge that there may be motor vehicles, cycles (motor driven or otherwise), persons (whether on foot, cycle or otherwise), dangerous or adverse road/trail/route or water conditions, road/trial/route or water hazards, watercraft, obstacles or other objects present in water, wildlife, marine life or other animals present during these activities, and I hereby assume any and all other risks associated with participating in personal training through TKTC including contact or effects of other participants and effects of weather.

I AGREE NOT TO SUE any TKTC parties for any and all claims made or liabilities assessed against them as discharged here in.

I INDEMNIFY AND HOLD HARMLESS the "TKTC" parties from any and all claims made or liabilities assessed against them as a result of my actions or inactions, the actions, inactions or negligence of others including those parties hereby indemnified. The conditions of the facilities, equipment or areas where the event or activity is being conducted and any other harm caused by an occurrence related to personal activities with "TKTC."

I GRANT PERMISSION for the use of my name and/or likeness relating to my personal activities in these events and I waive all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness.

I HERBY AFFIRM THAT I AM EIGHTEEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

_____ _____
Participants Signature date

_____
Participants Name

_____ _____
Parental Consent Signature (18) years and under date