



Turlock Triathlon Team/Club Membership Application - 2018

Membership Fee:

_____ \$20 for individual

_____ \$30 for family (please provide one form for each family member)

Fee includes all club calendared social and business meetings, training activities, access to T3 website's member pages keeping you informed of club events, discounts, merchandise and news.

Make checks payable to: **Turlock Triathlon Team/Club** or **T3/Club** and mail to:

T3/Club, c/o Kellie Marshall, 3940 Story Road, Denair CA 95316

You must SIGN and DATE the Application for waiver purposes.

Applicants under the age of 18 must also have a parent or legal guardian signature

I know that Multisports such as triathlons (swimming, cycling, running) and volunteering to work in club races are potentially hazardous activities. I should not participate in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete a race. I assume all risks associated with Triathlons and volunteering to work in club events including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release Turlock Triathlon Team/Club, and all sponsors, their representatives and successors from all claims, actions, damages, expenses or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Name: _____

Email _____

Street Address: _____

City, _____ State, _____ Zip: _____

Phone: Home _____ Cell _____

Date of Birth _____ Age: _____ Sex (circle one): M F

Special Interests outside of triathlons _____

Please circle payment type: Cash Check Check number _____

Signature: _____ Date _____

Parent/Guardian _____ Date _____