

LAKE NORMAN TRIATHLON CLUB

APPLICATION

PLEASE ALLOW 14 DAYS FOR PROCESSING

PLEASE PRINT

NAME : _____ ADDRESS: _____

CITY : _____ STATE : _____ ZIP : _____

HOME PHONE : _____ WORK : _____ CELL : _____

DATE OF BIRTH : _____ EMAIL : _____

USAT # _____

MEMBERSHIP CATEGORY : NEW MEMBER _____ RENEWAL _____

T- SHIRT SIZE S ___ M ___ L ___ XL ___

INDIVIDUAL ANNUAL MEMBER FEE \$ 55.00 AMOUNT ENCLOSED \$ _____

MAKES CHECK/MONEY ORDER PAYABLE TO LAKE NORMAN TRIATHLON CLUB

OR ONLINE : **LKN-TRICLUB.COM**

CLUBS DON'T RUN THEMSELVES! GET INVOLVED!

I CAN HELP WITH :

SPONSORSHIP _____ MEMBERSHIP _____ SOCIAL EVENTS/CLINICS _____

PLEASE SIGN APPLICATION **AND** WAIVER AND RETURN TO:

LAKE NORMAN TRIATHLON CLUB

c/o KAREN ROBINSON

106 BRENDE LANE

TROUTMAN , NC 28166

SIGN:

OFFICIAL USE ONLY

DATE REC'D _____

AMT ENCLOSED \$ _____

MEMBER # _____

Amt enclosed _____

Member # _____

Lake Norman Triathlon Club

Acknowledge, Waiver and Release from Liability

I acknowledge that triathlon, duathlons, or any multi-sport activity is an extreme test of a person's physical and mental limits and it carries with the potential for death, serious injury, and/or property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATION IN MULTI-SPORT ACTIVITIES (triathlon, duathlons, etc.). 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 release form will be used by the Lake Norman Triathlon Club (LKNTC) and the sponsors and organizers of all LKNTC activities. Activities being of a workout ranging from a low-key nature to and including race pace or social events affiliated with the club.

I hereby take action for myself, my executors, heirs, administrators, next of kin, successors and assign as follows: A) WAIVE RELEASE, DISCHARGE, AND AGREE NOT TO SUE, for any and all liability or my death, disability, personal injury, property damage, property theft or action of any kind which may hereafter accrue to me as a result of my participation in, or my traveling to and/or from any LKNTC activity. THE FOLLOWING PERSONS OR ENTITIES: LNTC club officers, event sponsors, race directors, event producers, event volunteers, and all cities, 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, 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 other individuals or entities as a result of my actions during LNTC activities or events.

I realize that most LNTC activities are of a workout of social nature, and no traffic control will be in place during the event or activity. I will be responsible for knowing or following all of the traffic laws while participating in, practicing for, or traveling to and/from a LKNTC event or activity.

I hereby consent to receive treatment in the event of my injury, accident, and/or illness during a LLKNTC activity.

I HEREBY CERTIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

NAME (Please Print) _____

SIGNATURE _____

DATE _____

PARENTAL CONSENT

AND I, the minor's parent and/or legal guardian, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I hereby release, discharge, covenant not to sue and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to have been caused in whole or in by part by the negligence of the Releasees or otherwise, including negligent operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any Releasee may incur as the result of any such claim.

Signature of Parent/Guardian
Date _____

Printed Name of Parent/Guardian
Date _____