



Yorktown Triathlon Club 2018 Annual Membership Form

Joining is easy so relax

- 1- You will need to fill out this form and mail it to Yorktown Triathlon Club, 9913 Warwick Blvd, Newport News VA, 23601 or email it to yorktowntriathlonclub@gmail.com
- 2- Sign the waiver and send it in with #2 above (scan or take a pic with your signature if emailing)
- 3- Pay the membership fee of \$25.00-Individual or Individual Associate (not included on USAT roster); \$10.00-Youth Membership; or \$50.00-for the whole Family.
- 4- Membership runs for the calendar year. To Pay by PayPal use the links below!

Individual Membership or Individual Associate Membership – 25.00 for the Calendar year

[Individual - PayPal](#)

Youth Membership – 10.00 for the Calendar year

[Youth - PayPal](#)

Family Membership – 50.00 for the Calendar year

[Family - PayPal](#)

Any questions or need assistance then please contact us at yorktowntriathlonclub@gmail.com at which point a hardworking, fellow Triathlete will get that fixed right away!

PRIMARY MEMBER INFORMATION (for additional members within the same household look on later sheet)

First Name: _____ Last Name: _____

Email Address: _____ Phone: _____

USAT License # _____ (if you have one) Associate Membership*? _____

Birth Date (for USAT Team challenges) (MM/DD/YY) _____

In Case of Emergency (ICE) contact

Name: _____ Phone Number: _____

*Associate Membership designation is for sponsored athletes unable to be included in Club USAT Roster

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT WITH PARENTAL CONSENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in any event ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if, at any time, I believe the conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. FULLY UNDERSTAND that: (a) THIS ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS or SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation ,or that of the minor, in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the sanctioning organization(s), their administrators, directors, agents, officers, members, volunteers, and employees, other participants, officials, rescue personnel, sponsors, advertisers, owners and lessees of Premises on which the Activity is conducted, (each of the forgoing shall be considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE

NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a

claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I ACKNOWLEDGE THAT I AM OVER THE AGE OF 18 YEARS, HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND I INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE

GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

CLUB NAME: YORKTOWN TRIATHLON CLUB

PRINTED NAME OF PARTICIPANT: _____

PARTICIPANT'S SIGNATURE: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

DATE: _____

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF THE ACTIVITY AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION 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 RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S

ACCOUNT CAUSED, OR ALLEGED TO BE CAUSED, IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE,

INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON

THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL ATTORNEY FEES, LOSS LIABILITY,DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES,.

PRINTED NAME OF PARENT/GUARDIAN: _____
I HAVE READ THIS RELEASE

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____ -
I HAVE READ THIS RELEASE

ADDRESS:

(Street) *(City)* *(State)* *(Zip)*

PHONE: _____
Generic Amateur W&R w/Parental Consent

DATE: _____
DME #529776 Developed 4-10-07

USE THIS SHEET IF MORE THAN ONE PERSON IS JOINING UNDER A SINGLE MEMBERSHIP (SAME HOUSEHOLD). Please list the primary member on the first sheet and all additional members below. Make additional copies of this sheet if needed.

First Name _____ Last Name _____ Email _____
USAT License # _____ Associate Membership*? _____ Phone: _____
Birth Date (for USAT Team challenges) (MM/DD/YY) _____
In Case of Emergency (ICE) contact Name _____ Phone Number _____
PARTICIPANT'S SIGNATURE acknowledging Release and Waiver: _____

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