

West Suburban Multi Sport 2017 Membership

Name:	
Address:	
City:	State & Zip:
Email:	
Phone Home:	Mobile:
Gender:	
Birth Date:	
USAT Member # (if applicable):	
Triathlon Experience and areas of interest	
Are you interested in volunteering for the club? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]	

Make checks for \$25 payable to: **West Suburban Multi-Sport.**

Mail/Email to: **Karen Zenisek** or k.zenisek@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 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, 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: _____

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 []