CONCEPT
CYCLERY
TRIATHLON CLUB

Membership Application

First Name	M.I.	Last Name

Mailing Address

Day Phone	Evening Phone

E-Mail **Date of Birth**

Membership Information

New [ ] Renewal [ ]

Male [ ] Female [ ]

All information is for club purposes only.

Submit one application per member at a club event or mail to:

Concept Cyclery Triathlon Club
1295 E. Dunne Ave #120
Morgan Hill, CA 95037

Make check payable to: CCTC

Membership Fee

[ ] Regular $60/year
[ ] Junior (under 18) $30/year
[ ] Family (2 adults) $110/year

Total Enclosed $_____

Acknowledgement Waiver and Release from Liability (AWRL)

I hereby acknowledge that a triathlon or multi-sport event is an extreme test of a person's mental limits and carries with it the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN ALL TRIATHLON CLUB FUNCTIONS. I certify that I am physically fit, have sufficiently trained for participation in this event(s), and have not been advised otherwise by a qualified medical person. I acknowledge that my statements on this AWRL are being accepted by USA Triathlon in consideration for allowing me to become a club member in a USAT Chartered Club and are being relied upon by USAT and the club organizers and administrators in permitting me to participate in any organized club function.

In consideration for allowing me to be a club member in a USAT Chartered Club and allowing me to participate in organized club functions, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns. A) I AGREE TO ABIDE BY THE Competitive rules adopted by USA Triathlon, including the Medical Control Rules, as they may be amended from time to time, and acknowledge that my club membership may be revoked or suspended for violation of the Competitive Rules; B) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft or damages of any kind which arise out of or relate to my participation in, or my traveling to and from an organized club function, THE FOLLOWING PERSONS OR ENTITIES: USA TRIATHLON (USAT), USA TRIATHLON chartered clubs, club sponsors, volunteers, all states, cities, counties or localities in which club functions or segments of club functions are held, and the officers, directors, employees, representatives, and agents of any of the above; C) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein; and D) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during an organized club function.

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

_____ _____ _____
Print Name Signature Date

I AM UNDER EIGHTEEN (18) YEARS OF AGE. MY PARENT / LEGAL GUARDIAN HAS READ AND COMPLETED THE SECTION BELOW.

The undersigned _____ (parent/guardian) the parent and natural guardian or legal guardian _____(Minor's name) hereby executes the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor, and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider" to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any organized club function. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. **NOTE: Parent/Guardian must also sign AWRL above.**

_____ _____ _____ _____
Parent/Guardian Signature Relationship to Minor Date