

**Cortland Tri Club
2011-2012 Membership Application**

Name: _____ **D.O.B.** _____

Address: _____ **Gender M / F**

_____ **Age:** _____

Email: _____ **Phone:** _____

Are you a Current USAT Member? Y / N **Member#** _____

Membership Type (Check One)	_____ Individual (\$25)
	_____ Family (\$35)
	_____ Student (\$15)
_____ New Member	_____ Minor (\$15)
_____ Renewal	

All CTC Memberships will expire at the end of the Academic Calender year (August 31st). Members that Join After March 1 will get a 50% discount. Checks Made Payable to **Cortland Tri Club**. Send to: Corey Ryon 12 Pearl Street Cortland NY 13045

Do you consider yourself a _____ Triathlete _____ Duathlete _____ Other _____

We're a nonprofit, volunteer organization, Please help assist in an area What are you interested in?

_____ Social Gatherings _____ Newsletter _____ Group Rides _____ Promotions _____ Membership _____ Officer
 _____ Webmaster _____ Sponsorships _____ Workouts (Specify) _____ Other (Please Explain)

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 Cortland Tri Club ("CTC") and the sponsors and organizers of all CTC 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 a CTC activity, THE FOLLOWING PERSONS OR ENTITIES: CTC, 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) IDENTIFY 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 CTC activities or events. I realize that most CTC 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 travelling to or from a CTC event or activity. I hereby consent to receive treatment in the event of my injury, accident, and/or illness during any CTC activity. I CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; I HAVE READ THIS DOCUMENT; AND UNDERSTAND ITS CONTENTS.

Print Name _____

Signature _____ **Date** _____

Emergency Contact _____ **Phone:** _____

If under eighteen (18) years of age, parent or guardian mst sign waiver:
Parent/Guardian Signature _____ **Date:** _____

OFFICIAL USE ONLY:				
Check # _____	Check Date _____	Deposit Date _____	Sent Membership Card _____	Updated Membership List _____