

# Tri-Atlanta Membership

Name \_\_\_\_\_  New Membership  Renewal

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Birthday \_\_\_\_\_

Email Address \_\_\_\_\_ Sex \_\_\_\_\_

USAT Number (if you have one) \_\_\_\_\_ USAT Expiration Date \_\_\_\_\_

Membership Category  Individual (\$25)  Family (\$25 + \$5 per additional member, max \$40)

Names and Birth Dates for Family Membership \_\_\_\_\_

**Make checks payable to Tri-Atlanta. Membership is good for 12 months. You must be a member to participate in Tri-Atlanta events for insurance purposes.**

*Mail application to: Tri-Atlanta, P.O. Box 80156, Atlanta, GA 30366*

*All members must sign the Tri-Atlanta AWRL form below.*

## *Tri-Atlanta Acknowledgement Waiver and Release from Liability Form*

I acknowledge multi-sport events not limited to triathlons and duathlons are an extreme test of a person's physical and mental limits and carries with it the potential for death or serious injury or property loss. I hereby assume the risks of participating in multi-sport events not limited to triathlons, duathlons, and triathlons. I certify 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 Tri-Atlanta and the organizers of all Tri-Atlanta activities. Activities being a workout, low key nature, race format, and social events.

I hereby take action for myself, my executors, heirs, next of kin, successors and assign the following:

a) Waive, release, discharge, and agree not to sue, for any and all liability for mv death, disability, personal injury, property damage, property theft or action of any kind which may accrue to serve me as a result of my participation in or my traveling to or from any Tri-Atlanta event. The following persons or entities: Tri-Atlanta's event sponsors, race directors, event producers, event volunteers, all cities, counties, districts, and/or states in which said event may be staged and which segments of said events may run and its (their) officers, directors, employees, representatives, agents, and volunteers.

b) Indemnify and hold harmless the persons or entities mentioned in the paragraph above for any and all liability or claims made by individuals or entities as a result of my actions during a Tri-Atlanta activity or event. I realize most Tri-Atlanta activities are of a workout or social nature and no traffic control will be in place during an activity or event. I will be responsible for knowing and following all the traffic laws while participating in training for, or traveling to or from a Tri-Atlanta activity or event. I hereby consent to receive treatment in the event of my injury, accident, and/or illness during any Tri-Atlanta activity.

c) I hereby certify I am eighteen (18) years or older, have read this document understand its contents.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

*If under eighteen (18) years of age, parent or legal guardian must sign waiver.*

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_