



TriFactor Triathlon Club Registration Form

Name: _____

Address: _____

City: _____ Postal Code: _____

Email: _____ Home Phone #: _____

Sex: M F Birth date: _____ (mm/dd/yy) Age on Dec 31, 2010: _____

Emergency Contact: _____ Phone: _____

Medical History (Surgery, Heart Disease, other): _____

Medications: _____ Allergies: _____

Membership fee: \$150 per year (Jan 01, 2010 – Dec 31, 2010)

Cheques should be payable to **Tri Factor Triathlon Club**

As part of this year's registration, TriFactor will be offering an item of clothing TBD at a later date. Please indicate sizing.

Samples will most likely be available for final size confirmation (circle one).

XS S M L XL

Send completed registration by mail with your registration fee to:

Tri Factor Triathlon Club
c/o Sean King
78 Radcliffe Rd.
Winnipeg, MB
R3T 3X3

As a fully paid TriFactor member I, _____, agree to volunteer in some capacity with TriFactor Triathlon Club (e.g. Member of the Board, a social event, volunteer for bingo, and/or with facilitating workouts as called upon by the coaching staff).

Signature (parent or guardian must sign if under 18) Date: _____

Parent or Guardian signature Date: _____

Registration Waiver (must be signed):

For myself, my executors, administrators, heirs, next of kin, successors and assigns, I,
_____ hereby:

1. Wave and release any and all claims that I may have against the TriFactor Triathlon Club (“Club”), its committees, their officers, directors, members, volunteers, employees, agents, sponsors or any or more of them or their executors, administrators, heirs, next of kin, successors or assigns (“the releases”) including any and all claims for damage caused by the negligence of any of them, arising out of my participation in their events and its related activities, altogether with any costs including lawyer fees that may be incurred as a result of any such claim whether valid or not, and indemnify and hold harmless the releases and each of them against any such claim that I or any one of or more of my or their executors, administrators, heirs, next of kin, successors or assigns may have or assert and against any costs including lawyers’ fees with respect thereto.
2. I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during Club events and related activities.
3. I hereby acknowledge that participation in Club events carries with it potential hazard, I therefore release the Club, it’s event committees, their officers, directors, members, volunteers, employees, sponsors of any liability resulting from injury or death during their related activities.
4. I hereby attest and verify that I am physically fit and that a licensed medical doctor has verified my physical condition.
5. I hereby permit the free use of my name and picture in promotional material, broadcasts, telecasts and press.
6. In consideration of my acceptance as a member of the Club and Triathlon Manitoba, I hereby agree to follow all rules and regulation set down by Triathlon Manitoba.
7. I realize that, with this membership, I may be subject to unannounced drug testing as provided for by Triathlon Canada’s agreement with Canadian Centre for Ethics in Sport.
8. I understand that the Club retains personal information about me in their files and provides information to Triathlon Manitoba. I accept the use of my personal information for the purposes described in accordance with Triathlon Manitoba’s Privacy Policy, posted at www.triathlon.mb.ca .

Signature (Parent or guardian must sign if under 18)

Date: _____

Parent or Guardian Signature

Date: _____