Ithaca Triathlon Club, Inc.
2009 Membership Application

Name: _____

Address: _____

_____

Email: _____ Phone: _____

Gender: M / F Birth Date: _____ USAT Member #: _____ (if applicable)

Membership Type: (circle one)

New / Renewal	5 Year ($100: Expires 12/31/2013)
New / Renewal	Individual ($25: Expires 12/31/2009)
New / Renewal	Family ($35: Expires 12/31/2009)
	Family - each family member must complete an application
New / Renewal	Student ($15: Expires 12/31/2009)
	Note: For new members, as of July 1, membership fees are: $25 for family,$15 for individual, $10 for student

Make checks payable to: **Ithaca Triathlon Club, Inc.**
Mail to: **Adam Brumberg**
109 Texas Lane, Ithaca, NY 14850

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 Ithaca Triathlon Club, Inc. ("ITC") and the sponsors and organizers of all ITC 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 ITC activity. THE FOLLOWING PERSON OR ENTITIES: ITC, event sponsors, race directors and coordinators, event producers, event volunteers, and all cites, 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 ITC activities or events. I realize that most ITC 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 ITC event or activity. I hereby consent to receive treatment in the event of my injury, accident, and/or illness during any ITC activity.

I CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; I HAVE READ THIS DOCUMENT; AND UNDERSTAND ITS CONTENTS:

Printed Name: _____ Date: _____

Signature: _____

Contact Person in case of Emergency: _____ Phone: _____

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

Parent/Guardian Signature: _____ Date: _____

Revised 12/7/08

OFFICIAL USE ONLY:
OTHER NAMES INCUDED IN FAMILY MEMBERSHIP: _____

Check #_____Check Date_____ Deposit Date _____Sent membership card? [ ] Updated membership list?[ ]