



Club Registration Form

- \$225.00 **New Annual Membership Fee** \$100.00 **Single Sport Membership** \$240.00 OWS Series
 \$190.00 LTF Member \$80.00 LTF single sport

Date: _____ No change from prior year's information

Participant Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Parent/Guardian Names (if under 18): _____

Gender: Male Female Birthdate: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip code: _____

Email Address: _____

Phone Number: (H) _____ (C) _____

Business/Profession: _____

Adult T- Shirt Size: Small Medium Large X-Large XX-Large

As a triathlete, do you consider yourself: Beginner Intermediate Advanced Elite Professional

USAT # (if available): _____ LTF Member # _____

Medical Conditions/Allergies:

Please read the waiver carefully:

By signing below, you agree, warrant and covenant as follows:

Because of the high level of fitness required in this program and the possibility of injury, you must agree to the following Liability Statement before participating in Tri Life Racing programs. 1. In consideration of being allowed to participate in the activities and programs Tri Life Racing, or any of its agents I do hereby waive, release and forever discharge Tri Life Racing, or any of its agents, coaches, or other companies, from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities conducted by Tri Life Racing, or any of its agents. 2. I understand and am aware that swimming, cycling and running are potentially hazardous activities. This is especially true with riding bicycles in traffic, doing open water swims in lakes open to boat traffic, and while running on public streets. I understand that I am solely responsible for my own safety at all times, including use of proper safety practice and equipment. I agree to obey all laws, ordinances, and safety rules. 3. I also understand that fitness activities involve a risk of injury and even death and that I am voluntarily participating in these activities and accept any and all risks of injury, or death. It is understood that there are inherent risks involved in exercising, including but not limited to musculoskeletal injuries, strain on muscles, joints and connective tissues, muscle soreness, muscle cramps, abnormal blood pressure, alterations in menstrual cycle, irregular heartbeat, light headedness, dizziness, nausea and in rare cases, even stroke, heart attack, and death. 4. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness program. I also acknowledge that it has been recommended that I have a yearly, or more frequent, physical examination and consultation with my physician as to physical activities, exercise, and use of exercise and training equipment. I acknowledge that I have either had a physical examination and been given my physicians permission to participate, or that I have decided to participate in activity and use of exercise equipment and machinery without the approval of my physician. 5. Consent and information Release ("Consent"): I hereby grant permission to Tri Life Racing, or any of its agents, to render preventative or first-aid assistance or seek treatment or medical care that seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to Tri Life Racing, or any of its agents, to use and disclose my personal health information ("PHI") in the ways described in this form. I allow Tri Life Racing, or any of its agents, to use my PHI as necessary for purposes related to my treatment. I allow my PHI to be given to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the training program. This Release and Consent will be governed by and subject to the laws (except the couice of law principles) and exclusive jurisdiction of the courts of the State of Texas 6. Personal Release - I give permission to Tri Life Racing, or any of its agents, to free use of my name, picture, and voice in any broadcast, telecast, print account, or any other account in any medium of this training and race. (Ex: Pictures and video). I do hereby assume all responsibility for my participation with Tri Life Racing, or any of its agents and activities.

I agree to the above waiver: Participant Signature: _____

Parent Guardian Signatue: _____

Please mail form and payment to:

Make checks out to Coach Sean Gassman

**Tri Life Racing
3310 Hampden
Garland, Texas 75043**