

**Lake Jackson / Freeport Area
Triathletes
Triathlon Club
APPLICATION AND WAIVER**

(Please complete all information. One person per application.)

LAST NAME

FIRST NAME

ADDRESS

CITY STATE ZIP

PHONE (DAY)

PHONE (EVENING)

BIRTHDATE (M/D/Y)

EMAIL ADDRESS

LJFAT welcomes triathletes, duathletes, aquabikers, and fitness enthusiasts of all shapes, sizes, and abilities. If you are a complete beginner, we have a group for YOU! If you are an experienced racer or serious age group competitor, we have a group for YOU. Whether you are looking to complete your first sprint distance event or are training for a full Ironman event, you will find a home with LJFAT. Our mentors are experienced triathletes, cyclists, swimmers, and runners with years of collective experience. We strive to make multisport training a fun, exciting and non-intimidating experience. Come LEARN with us! Come TRAIN with us! Come RACE with us!

WHAT IS YOUR TRIATHLON EXPERIENCE LEVEL?

(This will not affect your membership.)

- BEGINNER (Ex: I have never done a triathlon or I am new to running, biking, or swimming.)
 INTERMEDIATE (Ex: I have done a few triathlons and/or have an idea of how to train and race.)
 ADVANCED (Ex: I have done many triathlons and/or I have done long-distance triathlons.)

WHAT DISTANCES ARE YOU INTERESTED IN?

(Check all that apply.)

- SPRINT OLYMPIC HALF-IRON IRON

ARE YOU INTERESTED IN TRIATHLON RELAYS?

- YES NO I'M NOT SURE

DO YOU HAVE A USAT NUMBER?

- NO YES

IF SO, WHAT IS IT? _____

HOW/WHERE DID YOU HEAR ABOUT US?

(Please list the location/publication, if applicable.)

POSTER/FLYER _____

INTERNET FRIEND _____

NEWSPAPER _____

OTHER _____

DO YOU HAVE ANY KNOWN MEDICAL CONDITIONS THAT COULD AFFECT YOUR TRAINING THAT THE LJFAT MENTORS SHOULD BE AWARE OF?

PLEASE EXPLAIN: _____

SIGN-UP FEES MAKE CHECKS PAYABLE TO LJFAT.

1-YR MEMBERSHIP: \$35

FAMILY MEMBERSHIP: \$60

AMT PAID _____ CHECK NO. _____ INIT. _____

RELEASE AND WAIVER

In consideration of the acceptance by LJFAT of my application for entry to the club and training program of LJFAT (the "Training Program"), and other good and valuable consideration relating to the Training Program, the sufficiency of which I hereby acknowledge, I hereby agree as follows:

1. Acknowledgement. I acknowledge and agree that LJFAT, its independent contractors, agents, representatives, volunteers and sponsors cannot assure my safety during participation in the Training Program. I acknowledge and agree that participation in the Training Program exposes me to risks including, but not limited to, running-related injury, swimming-related injury, cycling-related injury, traffic and the detrimental effects of heat and pollution.

2. RELEASE OF CLAIMS. I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNEES HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE AND HOLD HARMLESS LJFAT, THEIR INDEPENDENT CONTRACTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, SUCCESSORS AND ASSIGNS ("THE LJFAT PARTIES") OF AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS AND CAUSES OF ACTIONS, WHETHER IN LAW OR EQUITY, IN RESPECT OF DEATH, INJURY, LOSS OR DAMAGE TO MY PERSON OR PROPERTY, HOWSOEVER CAUSED, ARISING OUT OF, BY REASON OF, OR DURING MY ATTENDANCE AT OR PARTICIPATION IN THE TRAINING PROGRAM, WHETHER AS A SPECTATOR, PARTICIPANT OR OTHERWISE (ALL OF THE FOREGOING REFERRED TO HEREAFTER AS THE "CLAIMS"), WHETHER OR NOT THE CLAIMS RESULT FROM MY FOLLOWING ANY PROGRAM AND/OR EXERCISE ON THE RECOMMENDATION OF ANY OF THE LJFAT PARTIES, WHETHER SUCH CLAIM ARISES OUT OF EVENTS PRIOR TO, DURING OR SUBSEQUENT TO SAID ATTENDANCE OR PARTICIPATION, EVEN IF SUCH CLAIMS WERE CAUSED BY, CONTRIBUTED TO, OR OCCASIONED BY THE NEGLIGENCE, FAULT OR OTHER CONDUCT OF THE LJFAT PARTIES.

SIGNATURE

DATE