

**TOPEKA TRIATHLETES
CLUB MEMBERSHIP
APPLICATION**

Return this completed form, along with your check for membership to
Stefano Pettinella (Hill's), P.O. Box 148, Topeka, KS 66601-0148
*Checks should be made payable to **Topeka Triathletes.***

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Are you a USA Triathlon Member? YES No

If YES, what is your license #? _____

What is your racing age? _____ (Your age as of December 31 of the year you are making this application for membership)

Please choose one of the following:

Individual Membership (\$36/yr) _____

Family Membership* (\$60/yr) _____

**includes maximum of 2 T-shirts*

Total enclosed: _____

Your application for membership will be accepted only upon your signing the release form.

I ACKNOWLEDGE THAT BY SIGNING THIS DOCUMENT, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE AND RELEASE FROM LIABILITY THE ORGANIZATIONS KNOWN AS TOPEKA TRIATHLETES, USA TRIATHLON AND ITS ASSOCIATIONS AND THEIR RESPECTIVE AGENTS, OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, MEMBERS, TEAM SPONSORS, PROMOTERS AND AFFILIATES (COLLECTIVELY "RELEASEES"), AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS DOCUMENT IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES. I HAVE READ IT CAREFULLY BEFORE SIGNING, AND I UNDERSTAND WHAT IT MEANS AND WHAT I AM AGREEING TO BY SIGNING.

Signature of Applicant (minors must sign) _____

Date _____ Age _____

CONSENT AND AGREEMENT OF PARENT OR GUARDIAN

I am the parent or guardian of the above listed person. I have read and understand the above written contract. In consideration of allowing my child to participate, I consent to the contract and agree that its terms shall likewise bind me, my child, my heirs, legal representatives, and assignees.

Signature of Parent or Guardian _____

Date _____