



TRIGULFCOAST
MULTISPORT ATHLETES

SECTION 1: APPLICANT INFORMATION	SPOUSE (NON-MEMBER) INFORMATION*
Last Name:	Full Name:
First Name: Middle Name:	Address (if different than above)
Date of birth:	Email: Phone:
Mailing address	Special skills/ talents to offer our club:
City, State: ZIP Code:	Would he or she like to volunteer for club events?
Cell Phone: Home Phone:	EMERGENCY CONTACT
Male Female (Please circle one) Email:	Name: Phone:
New Member Renewal (Please circle one)	Address:
How did you hear about us?	City: State: ZIP Code:
How long have you been doing triathlons?	Relationship:
What are your triathlon goals for this year? "A" race(s) for this year?	SECTION 2: FEES
	Annual Club Membership
	Single \$40 Family \$60*
Would you like to volunteer for club events?	Make the check payable to TriGulf Coast
Special skills/ talents to offer our club:	SECTION 3: SIGNATURE
	Signature of applicant:
	Date:

* Family Membership: Please fill out Section 1, 3 and sign page 2 on a separate form for each triathlete. Please mail your application form(s) to: TriGulf Coast, P.O. BOX 544, Gulf Breeze, FL 32562-0544. If you have any comments/suggestions please attach a sheet to this application.

WAIVER/RELEASE REQUIRED:

HEREBY ASSUME THE RISKS OF PARTICIPATING IN ALL TRIGULF COAST ("TGC") FUNCTIONS OF EVERY KIND. I acknowledge that triathlons and TGC events are an extreme test of a person's physical and mental limit and carry with them a potential for death, serious injury and property loss. I certify that I am in good health and I am physically fit; I have had sufficiently trained for participation in such events and have not been advised otherwise by a qualified medical person; and I suffer from no physical impairment which would limit my participation in any TGC athletic or social function. I acknowledge that my statements on this Acknowledgement Waiver and Release from Liability ("AWRL") are being accepted by the TGC and are being relied on by USA Triathlon and the TGC and its organizers and administrators in permitting me to participate in any organized TGC function. In consideration for allowing me to become a TGC member and allowing me to participate in organized TGC functions, I hereby Irrevocably take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I AGREE to abide by the Competitive Rules adopted by USA Triathlon, including the Medical Control Rules, as they may be amended from time to time, and I acknowledge that my TGC membership may be revoked or suspended for violation of the Competitive Rules; b) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage, theft, damages, or loss of any kind, which arise out of or relate to my membership in the TGC, my participation in, or my traveling to and from any TGC athletic or social function, THE FOLLOWING PERSONS OR ENTITIES: TRIGULF COAST, TGC members, TGC sponsors, TGC attorneys, volunteers, and the officers, directors, representatives and agents of any of the above; c) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and d) I AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLES the persons or entities mentioned above from all damages, costs, and expenses of any kind including attorney fees that arise from or are related to my membership in the TGC, my participation in, or my traveling to and from any TGC athletic or social function. By signing below, I hereby authorize the TGC to include my name in any marketing materials including newsletters, media kits, advertising and the website. I also grant the TGC express permission to use photographs of myself in TGC newsletters, the TGC website, or promotional materials and for submissions to newspaper articles and to TGC sponsors. In the event of any dispute arising hereunder, the same shall be submitted to a Court of competent jurisdiction in Pensacola, FL, and in all events the laws of the State of Florida shall govern this agreement.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS. If the applicant is under eighteen (18) years of age, their parent/guardian must sign this AWRL AND the additional release below.

PRINTED NAME _____
SIGNATURE _____ **DATE** _____

If applicant is under 18years of age, a parent or guardian must execute, in addition to the foregoing AWRL, the following, for and on behalf of the minor.

The undersigned _____ (parent/guardian) the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing AWRL. I represent that I have legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received arising out of or relation to any organized Club function. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequence in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE: Parent/Guardian must also sign AWRL above.

PRINTED PARENT / GUARDIAN NAME _____
RELATIONSHIP TO MINOR _____
SIGNATURE _____ **DATE** _____