



SWIM - BIKE - RUN

The fight is won or lost far away from witnesses - behind the lines, in the gym and out there on the road, long before I dance under those lights. - Don't count the days, make the days count.

## NEWRY TRIATHLON CLUB - MEMBERSHIP FORM 2012

Name:

Full Address:

Postcode:

Phone No: (H)

(W)

(Mob)

Email:

Date of Birth:

Age:

Triathlon Ireland Membership Number:

### **The membership fees for 2012 are;**

Senior £20

Junior (U 19) - £1

Student / OAP £10

Couple £30

(Cheques made payable to 'Newry Triathlon Club')

Please return to: Mr David O'Prey,  
15 Glenvale Road  
Newry,  
Co. Down  
BT34 2JX

Please sign waiver below

**Waiver**

Waiver -- signature and date required Please read carefully before signing acknowledgment, waiver and release from liability (AWRL) I acknowledge that a triathlon or duathlon event is an extreme test of a person's physical and mental limits and carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS OR BI-SPORT / DUATHLON EVENTS. I certify that I am physically fit and have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. Acknowledge that my statements on this AWRL are being accepted by Irish Triathlon Association ("ITA") and Newry Triathlon Club in consideration for allowing me to become a member in ITA and are being relied upon by ITA and the various race sponsors, organizers and administrators in permitting me to participate in any ITA sanctioned event. In consideration for allowing me to become a member of ITA and allowing me to participate in ITA sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by ITA, including the Medical Control Rules as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event activity facilities or area; (c) I waive, release, AND DISCHARGE from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or related to my participation in or my traveling to and from a ITA and Newry Triathlon Club sanctioned event, THE FOLLOWING PERSONS OR ENTITIES: ITA, EVENT SPONSORS,RACE DIRECTORS,EVENT PRODUCERS, VOLUNTEERS, ALL CITIES, COUNTRIES, OR LOCALITIES IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYERS, REPRESENTITIVES AND AGENTS OF ANY OF THE ABOVE. EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (d) I ACKNOWLEDGE, that there may be traffic or persons ON THE course, route and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY ITA. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in ITA or Newry Triathlon Club sanctioned events including, but not limited to falls, contact and/or effects with other participants, effects of weather including heat and / or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers. All such risks being known and appreciated by me, I further acknowledge that these risks include risks that may be the result of the negligence of the persons or entities mentioned above in paragraph (c) or of other persons or entities; (e) I AGREE NOT TO SUE any of the persons or entities mentioned above in paragraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; (f) I IDENTIFY AND HOLD HARMLESS the persons or entities mentioned above in paragraph (c) from any and all claims made or liabilities assessed against them as a result of: (i) my actions or inaction's: (ii) the action's, inaction's or negligence of others including those parties hereby indemnified: (iii) the conditions of the facilities, equipment or areas where the event or activity is being conducted: (iv) the Competitive Rules; or (v) any other harm caused by occurrence related to ITA sanctioned event; and (g) I GRANT PERMISSION for the use of my name and / or likeness relating to my participation in a ITA sanctioned event, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness, I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OLD OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND IT'S CONTENTS.

PRINT NAME

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ If  
person is under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section. The

undersigned \_\_\_\_\_(parent / guardian) the parent and natural guardian of \_\_\_\_\_ (minor's name) hereby acknowledges that he / she has executed the foregoing AWRL for and on behalf of the minor named herein, as the natural or legal guardian of such a minor. I hereby bind myself, and our executors ADMINISTRATORS, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act on behalf of the minor named herein, and I agree to identify and hold harmless the persons or entities mentioned in the forgoing 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 health care facility ('Medical Provider') to treat the minor named for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any event sanctioned by ITA. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of 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 consequences 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.