



# ANNUAL MEMBERSHIP

Mail: USAT Membership Services • P.O. Box 49489 • Colorado Springs, CO 80949 • Fax: 719-955-2685 • Online: [www.usatriathlon.org/Membership](http://www.usatriathlon.org/Membership)  
Please allow 3 weeks for processing via mail or fax. For immediate processing, please register online.

First Name	MI	Last Name	Birth Date MM/DD/YY	<input type="checkbox"/> M <input type="checkbox"/> F
Mailing Address		City, State, Zip Code		Country*
Email (an email will be sent after application is processed)		Primary Phone ( ) ( )	Secondary Phone ( ) ( )	Do not send from USAT's Affiliates <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail

\* Only the membership packet is mailed outside U.S.

**X Signature(s) Required at Bottom (incomplete applications will be held up in processing)**

## Annual Membership Options:

New Membership\*    Renewal \*\*

Youth \$5 (17 yrs. old and under)  
 Bronze \$30  
 2 year Bronze \$60  
 3 year Bronze \$90  
 Silver \$100 (see website for benefits)  
 Gold \$200 (see website for benefits)

USAT Member #

Yes! I want to make a tax-deductible contribution to USA Triathlon. Please accept my gift of:  
\$10 \$20 \$50 \$100 Other \$ \_\_\_\_\_

USA Triathlon Champion Chip and ankle strap - \$39.95

\*Memberships are valid for 12 months from date of processing.  
\*\*Extends current membership 12 months. If membership has lapsed, renewal will be valid for 12 months from renewal date.

Check# \_\_\_\_\_ (Make check payable to USA Triathlon)  
 Credit Card No. (VISA or MasterCard ONLY) \_\_\_\_\_ Exp. \_\_\_\_-\_\_\_\_ CVV# \_\_\_\_\_ (last 3 digits on back of card)

Yes, I am including a \$9 one-day receipt. (Only one receipt may be discounted. Staple/Fax receipt with application.)

Cardholder's Signature \_\_\_\_\_

All charges will be processed when received by USA Triathlon; a \$25.00 fee will be charged for returned checks and credit card chargebacks.

**TOTAL ENCLOSED**  
\$ \_\_\_\_\_

**READ THIS DOCUMENT (THE "WAIVER AGREEMENT") CAREFULLY BEFORE SIGNING. THIS WAIVER AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS AND WILL LIMIT OR ELIMINATE YOUR ABILITY TO BRING A FUTURE LAWSUIT. (WA101404)**

I understand and acknowledge that I am legally agreeing to the statements in the following paragraphs of this Waiver Agreement by affixing my signature below and that these statements are being accepted by USA Triathlon (hereinafter "USAT") in consideration for (i) allowing me to become a member of USAT, (ii) issuing me a single event license or permit, and/or (iii) permitting me to participate in any USAT sanctioned event; and I further understand and acknowledge that my statements are being relied upon by race sponsors, organizers, administrators, volunteers and other parties defined below as the "Released Parties."

- I acknowledge that a triathlon, duathlon, or other multi-sport event (hereinafter "Event") is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property damage. I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in an Event, and I attest and certify that I am or will be sufficiently fit and physically trained to participate in any Event which I elect to enter. I have no physical or medical condition which would endanger myself or others if I participate in any Event, or would interfere with my ability to safely participate in any Event. I accept responsibility for the condition and adequacy of my competition equipment and my conduct in connection with any Event. I understand and acknowledge the dangers associated with the consumption of alcohol and/or drugs before, during and after any Event and I recognize that consumption of alcohol and/or drugs might impair my judgment and/or motor skills. I assume full responsibility for any injury, loss or damage associated with my consumption of alcohol and/or drugs.
- On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might sue on my behalf, I HEREBY WAIVE, RELEASE, and FOREVER DISCHARGE USAT, all Event sponsors, Event producers, Event staff, administrators, officials, contractors, vendors, and organizers (including race directors), volunteers, all other persons or entities involved with an Event, states, cities, towns, and other governmental bodies and locations in which an Event or portions of an Event takes place, and the officers, directors, employees, agents, insurers, other participants and representatives of all of the above (collectively, the "Released Parties"), from any and all claims, causes of action, damages, losses (economic and non-economic), and liabilities of every kind (collectively "Claims"), for death, personal injury, or property damage, which may arise out of, result from, or relate to my participation in, or my traveling to or from, any USAT sanctioned Event, including but not limited to any Claims for theft, damage to any equipment, negligence, partial or permanent disability, Claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at an Event site or elsewhere), and any Claims for medical or hospital expenses.
- I acknowledge and ASSUME ALL OF THE RISKS and aspects of an Event. I acknowledge that running, bicycling, swimming and other portions of an Event are inherently dangerous and I understand that I will be participating in an Event at my own risk, that I am responsible for the risk of participation in an Event, and that I am waiving and releasing my legal rights to sue for any injury or damages arising out of or resulting from my participation in an Event. I further understand that any injury or damages incurred may be the result of negligence, omission or carelessness by the Released Parties.
- I FURTHER COVENANT and AGREE NOT TO SUE any of the Released Parties for any of the Claims that I have waived, released, or discharged herein. I AGREE TO INDEMNIFY and HOLD HARMLESS the Released Parties from any and all expenses incurred, Claims made, or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, my breach or failure to abide by any part of this Waiver Agreement, my breach or failure to abide by any of USAT's Competitive Rules, and my actions or inactions which cause injury or damage to any other person.
- I AGREE to abide by the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. 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 or become aware that any are unsafe, I will immediately advise the Race Director. I FURTHER GRANT to Event organizers, USAT, and their licensees the right, permission, and authority to use my name, voice, picture, or photograph, in any broadcast, telecast, commercial advertisement, promotion, or other account of an Event, and I WAIVE any rights to future compensation to which I might otherwise have been entitled for such use.
- The parent or legal guardian who signs the Waiver Agreement on behalf of a minor, incapacitated and/or mentally challenged person (hereinafter "Said Person"), hereby acknowledges that he or she has the legal capacity and authority to act on behalf of Said Person to legally bind Said Person to the Waiver Agreement. The parent or legal guardian who signs the Waiver Agreement agrees to indemnify and hold harmless the Released Parties for any expenses incurred, Claims made, or liabilities assessed against them, as a result of any insufficiency of legal capacity or authority to act on behalf of Said Person in the execution of the Waiver Agreement.
- If any provision of this Waiver Agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver Agreement and shall not affect the validity and enforceability of any remaining provisions.

Athlete Signature: **X** Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: **X** Print Name: \_\_\_\_\_ Date: \_\_\_\_\_