



2012 MEMBERSHIP
APPLICATION
www.cdtriclub.org

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Parent or Guardian (if under 19) _____
Date of Birth: _____ Email address: _____
Membership Category: Renewal _____ New Member _____

Individual Member: \$55.00 _____ (couples must complete two
Couple Membership: \$90.00 _____ applications and waivers)
Total Amount Enclosed: \$ _____

In 2012 the club will be moving to an on-line club clothing order only. Membership will need to be in by **midnight on March 31, 2012**. You will need to go on-line to order your free club clothing item. The free item with membership will be CDTC Tri Shorts. Applications received after March 31, 2012 cannot be guaranteed club clothing.

In order for your application to be processed you must volunteer to help with one of the following...I will volunteer to help with one of the following CDTC Committees:
___ Crystal Lake ___ Sponsorship ___ Club Clothing ___ Race

Yes / No (circle one) I give permission for CDTC to share my name and e-mail address with Club Sponsors. Club Sponsors may independently contact me regarding discounts on products/services exclusively for CDTC members. I will have the right to unsubscribe from Sponsor e-mails at any time.

___ I would also like to pre-pay for the Crystal Lake Training Sessions - my \$90.00 is included.

Make Check Payable to:
Capital District Triathlon Club or CDTC.

Mail check and signed application to:
CDTC (c/o Tim Woods)
9 Old Niskayuna Rd
Loudonville, NY 12211

**PLEASE NOTE: Your membership is good from 1/1/12 - 12/31/12
This Membership Application does not include registration to the Crystal Lake
Triathlon on August 18th 2012**

Official Use Only
Date Rec'd _____ Amount Enclosed _____ Entered to Comp. _____

**CAPITAL DISTRICT TRIATHLON CLUB
ACKNOWLEDGE, WAIVER AND RELEASE FROM LIABILITY
(AWRL FORM)**

I acknowledge that triathlon, duathlons, or any multi-sport activity is an extreme test of a persons physical and mental limits and it carries with the potential for death, serious injury, and/or property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATION IN MULTI-SPORT ACTIVITIES (triathlon, duathlons, etc.). I certify that I am physically fit, have trained for participation in these events, and have not been advised other wise by a qualified medical person.

I acknowledge that this AWRL form will be used by the Capital District Triathlon Club (CDTC) and the sponsors and organizers of all CDTC activities. Activities being of a workout ranging from a low-key nature up to and including race pace or social events affiliated with the club.

I hereby take action for myself, my executors, heirs, administrators, next of kin, successors and assign as follows: A) WAIVE, RELEASE, DISCHARGE, AND AGREE NOT TO SUE, for any and all liability or my death, disability, personal injury, property damage, property theft or action of any kind which may hereafter accrue to me as a result of my participation in, or my traveling to and/or from any CDTC activity. THE FOLLOWING PERSONS OR ENTITIES: CDTC club officers, event sponsors, race directors, event producers, event volunteers, and all cities, counties, districts and/or states in which said events may be staged or in which segments of said events may be run and its (their) officers, directors, employees, representatives and agents and volunteers: B) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during CDTC activities or events.

I realize that most CDTC activities are of a workout of social nature, and no traffic control will be in place during the event or activity. I will be responsible for knowing or following all of the traffic laws while participating in, practicing for, or traveling to and/or from a CDTC event or activity.

I hereby consent to receive treatment in the event of my injury, accident, and/or illness during a CDTC activity.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; I HAVE READ THE DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.

NAME (Please Print): _____

SIGNATURE: _____ DATE: _____

In Case of Emergency Contact: _____

Phone: _____

PARENT/GUARDIAN SIGNATURE (if under 18 years of age) :
