



MEMBERSHIP APPLICATION

1st July, 2011 to 30th June, 2012

FEES PAID BEFORE 1/01/12		FEES PAID AFTER 1/01/12	
Individual	\$125.00	Individual	\$62.00
Family*	\$195.00	Family*	\$95.00
Under 18 years	\$50.00	Under 18 years	\$25.00

*Family memberships please fill in a separate form for each family individual.

SURNAME GIVEN NAMES

ADDRESS

TOWN POST CODE

EMAIL

PHONE: HOME: WORK: MOB:

DATE OF BIRTH AGE:

I hereby apply to become a member of the Coffs Harbour Triathlon Club.
I agree to be bound by the rules of the association **and** all rules as set in the Triathlon Australia handbook.
I agree to act in a courteous manner at all times to my fellow members.

SIGNATURE DATE:

Are you a 2011-2012 member of Triathlon Australia Yes No

If yes, current number. Card sighted by Committee member

If no, I realise that I must join to participate in club events of Coffs Harbour Triathlon Club.

Signature of member DATE:

For under 18 year old members and their parents or guardian.

As the Parent / Guardian of an under 18 year old Coffs Harbour Triathlon Club member I realise club races are on public roads and I accept responsibility for ensuring this club member has the knowledge and skills necessary to compete without putting him/herself, other club member or members of the public at risk.

SIGNATURE OF PARENT / GUARDIAN DATE:

This section to be completed by Committee on registration day.	Club Fees Paid:	Tri Australia Membership Fees Paid:	Club Duty Days Nominated:	Shirt Order Taken:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Participant's Agreement

Must be signed by all competitors (For competitors under 18, a parent or guardian must sign)

WARNING: This is a legal document and affects your rights

I agree to compete in this event on the following basis:

1. I acknowledge that competitive triathlon involves the real risk of serious injury or even death from various causes including overexertion, equipment failure, dehydration, accidents with other competitors, spectators or road users, and course or weather conditions, to name a few.
2. I understand that I should not compete in this event unless I have trained appropriately and a medical practitioner has verified my physical condition.
3. By competing, I accept all risks necessarily flowing from my participation that could result in loss of life or permanent injury. Accordingly, I release all people associated with the conduct of the event from, and will indemnify them against, all liability (including liability for their negligence) for all injury, loss or damage arising out of or connected with my participation in this event. For clarification, the people released include event organisers, promoters, sponsors, managers, Triathlon Australia Limited, its members, state and territory association, Coffs Harbour City Council, the Coffs Coast State Park Trust, the Minister administering the Crown Land Act 1989 and all of their respective directors, officers, employees, agents, contractors and volunteers including event medical and paramedical personnel. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns.
4. I consent to receiving any medical treatment that event organisers think desirable during or after the event.
5. I consent to event organisers using my name, image and likeness, before during or after the event, for event promotional broadcasting or reporting purposes in any media.
6. I understand that compulsory insurance cover effected for participants in this event may not cover me for all injury, loss or damage sustained by me.
7. Safety precautions undertaken by organisers (such as course supervision race safety briefings, bicycle and helmet safety checks) are a service to me and other competitors but are not a guarantee of safety.
8. I am fully responsible for the security of my personal possessions at the event.
9. My registration is not transferable to other people. If I am unable to compete, or if the event is cancelled, my registration fee is non-refundable.
10. I have indicated below details of any medical or physical conditions from which I suffer that might effect my performance or be relevant if medical treatment is needed.
11. I agree to abide by all race rules and directions issued by the event organiser.
12. I certify that I am 18 years of age or older and I have read this document and fully understand it.

Signature Date:

Medical conditions:
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Declaration by parent or Guardian

As parent or guardian of the competitor:

I agree to the above for myself and on behalf of my child.

I indemnify and will keep indemnified all people associated with the conduct of the event on the terms referred to above.

Parent/Guardian Signature Date: