



Membership Application

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Birth Date: _____ Gender: _____

Type of Membership: New: _____ Renewal: _____

Fee Enclosed: Adult (\$20/Year) _____ Family (\$30/Year) _____

If this is a family membership, please list the names, gender and family members' birthdates:

Name	Gender	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Club Member Waiver:
I know that swimming, cycling, running and volunteering to work in club races are potentially hazardous activities. I should not enter, train and race in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official and relative to my ability to safely complete the activity. I assume all risks associated with training and volunteering to work in club races including, but no limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the water, road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the USAT, the Springfield Triathlon Club, Inc. and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature: _____ Date: _____

Parent's Signature if under 18: _____ Date: _____

ALL MEMBERS ARE EXPECTED TO VOLUNTEER FOR AT LEAST 1 RACE

Mail Application to:

Springfield Triathlon Club (C/O Patty Shafer)
2320 Peppermill Point Ct.
Springfield, IL 62707-9552