

## Add Activity Triathlon Club

### **Registration: (Please print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

\*Email address is required for Training Group communication

Emergency Contact Person -Name, Relationship, Number

\_\_\_\_\_

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

OAT Membership No. \_\_\_\_\_

Method of payment:

Cash \_\_\_\_\_ Cheque \_\_\_\_\_ Please make cheques payable to: Add Activity

Waiver - I know that physical fitness events have potentially hazardous activities associated with them. I should not participate prior to approval by my physician. I assume and all risks associated with the event including but not limited to falls, contact with other participants, the effects of weather including high heat and/or humidity, the conditions of the roads, all such risks being known and associated by me. Knowing these facts, in consideration of Add Activity, any coach working with or for Add Activity Triathlon Club accepting this entry for any cause whatsoever including negligence. It is expressly understood by the undersigned that this clinic is entered into at the sole risk of the undersigned and that the organizers and coaches of the event are exempt from liability for any and all damages sustained & any and all injury & loss, including death, personal & property loss arising from any cause whatsoever, including negligence. I hereby acknowledge having read this Release and Indemnity and I understand and accept its terms. Registration fees are non-refundable.

Signature:

Date:

\_\_\_\_\_

Printed Name: \_\_\_\_\_