



**For Store Use Only**

- \_\_\_ **New Member**
- \_\_\_ **Returning Member**
- \_\_\_ **13 weeks**
- \_\_\_ **25 weeks**



**2017 Triathlon Team**  
**"Tell Us About You"**

**About You**

---

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

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (Home)

\_\_\_\_\_ (Cell)

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation: \_\_\_\_\_

**Emergency Information:**

\_\_\_\_\_ Emergency Contact Name

\_\_\_\_\_ Emergency Contact Number

\_\_\_\_\_ Emergency Medical Information

*(e.g. asthma, allergies, diabetes, etc.)*

**About Your Experience**

---

- New to triathlon     Beginner (1-3 sprints)     Intermediate (+3 sprints or Olympic)
- Advanced (Iron distance or Half-Iron)

Comfort Level and experience with swimming \_\_\_\_\_

Comfort level and experience with biking \_\_\_\_\_

Comfort level and experience with running \_\_\_\_\_

Please tell us about any past injuries and/or health concerns you have that may impact your training:

**Your Goals**

---

Your spring/ summer goal(s):

I need help with: (choose all that apply)

- Training Schedule     Motivation     Finding a training partner     Staying injury free
- Swimming     Biking     Running     How to get faster
- Other \_\_\_\_\_

**Please Sign Waiver(s) to participate with Playmakers Triathlon Team**

I am aware that the risk of injury from my participation in the Team Playmakers swim,bike, or run training exists and there are inherent dangers involved in my participation, including permanent paralysis and death. I assume full responsibility for my participation in any and all such activities associated with Team Playmakers training known or unknown, even if arising from the negligence of Playmakers, Inc., their employees and/or volunteers (collectively the "Releasees"). I acknowledge that Releasees are not responsible for any personal injury incident to my participation in the Team Playmakers training and, in consideration for allowing me to participate in the Team Playmakers training, I, and my heirs, assigns and personal representative, hereby release, indemnify and hold harmless the Releasees from all claims and expenses, including actual reasonable attorney's fees, arising out of or related in any way to, any and all injuries, disability, death or loss or damage to my person or property, including but not limited to, such claims alleged to arise from the sole negligence of the Releasees.

I HAVE READ THIS WAIVER AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY.

\_\_\_\_\_  
**Participant's Name Printed**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

**Authorization to use image or likeness**

For Valuable Consideration, which is hereby acknowledged and received, I authorize Playmakers, Inc. and its affiliates, sponsors and corporate partners (hereinafter "Playmakers") to use any photographs, videotapes or other recordings of me that are made during the course of the Team Playmakers run/walks in any and all of its publications, including website entries, without payment or any other consideration to me. I understand and agree that these materials will become the property of Playmakers and will not be returned. I hereby give non-exclusive license and right and irrevocably authorize Playmakers to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing web sites owned by Playmakers or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive the right to any royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge Playmakers from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other person acting on my behalf or on behalf of my estate have or may have by reasons of this authorization.

I HAVE READ THIS AUTHORIZATION, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT FREELY AND VOLUNTARILY.

\_\_\_\_\_  
**Participant's Name Printed**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**