

# COYOTES TRIATHLON & BIKE CLUB, INC.

## 2010 Membership Application form

Name: \_\_\_\_\_ **Annual Membership Fee: 65 Dlls** (Jersey Included)

Address: \_\_\_\_\_ Cycling Jersey Size: S:\_\_\_M:\_\_\_L:\_\_\_XL:\_\_\_

City \_\_\_\_\_ Date of Birth: \_\_\_\_\_ USAT #: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: Male: \_\_\_\_\_ Female: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Training Level:

Cell Phone: \_\_\_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_

Work Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## TRIATHLON BIKE CLUB

### Waiver/ liability Release:

I understand, consent and agree that the sport of triathlon, swimming, cycling and running are tests of extreme fitness and may result in serious injury, property loss or death. Both prior to and during your membership with Coyotes Triathlon & Bike Club, THE RESPONSIBILITY OF HAVING THE PROPER FITNESS LEVEL TO PARTICIPATE IN ALL COYOTES TRIATHLON & BIKE CLUB FUNCTIONS OF ANY KIND ARE SOLEY YOUR OWN. I FURTHER UNDERSTAND, CONSENT AND AGREE THAT I WILL NOT HOLD COYOTES TRIATHLON & BIKE CLUB, IT'S OFFICERS, DIRECTORS, MEMBERS OR SPONSORS LIABLE FOR any claims and liability arising from my participation in all coyotes activities, training and racing events. Furthermore, this release is valid even if said claim or liability arises on behalf of myself, executors, next of kind, successors and any others who attempt to sue on my behalf.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent of Guardian: \_\_\_\_\_ (If under 18 years of age)

Mail Application along with your payment to:

### Coyotes Triathlon & Bike Club, Inc.

6096 Citracado Circle  
Carlsbad, CA 92009  
www.triclubcoyotes.com