



HILL COUNTRY TRI CLUB MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name: _____ USAT Triathlon #: _____
Date of birth: _____ Gender: M F
E-Mail: _____
Current address: _____
City: _____ State: _____ ZIP Code: _____
Home Phone: _____ Mobile Phone: _____

SPOUSE INFORMATION (IF JOINT MEMBERSHIP)

Name: USAT Triathlon #: _____
Date of birth: _____ E-Mail: _____
Home Phone: _____ Mobile Phone: _____

EMERGENCY CONTACT

Name of Emergency Contact: _____
Current address: _____
City: _____ State: _____ ZIP Code: _____
Home Phone: _____ Mobile Phone: _____

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name/Age: _____ Name/Age: _____
Name/Age: _____ Name/Age: _____

MEMBERSHIP TYPE

\$100.00 – Family Membership
 \$75.00 – Individual Membership

Waiver Agreement (Must be submitted to participate)

In the consideration of acceptance of this application I, the undersigned, assume full and complete responsibility for any injury or accident which may occur during my participation in a club race, training event, club activity or while I am on the premises or enroute to or from any club sanctioned event. I hereby release and hold harmless Hill Country Triathlon Club and all sponsors, promoters and all other persons and entities associated with these events and activities from any and all injury or damage whether it be caused by negligence of the club, sponsor or promoters or to other persons or entities associated with club events. Further, I grant full permission to use my photograph, video, or recording of club events for any legitimate purposes. If any provision of this Waiver Agreement shall be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Waiver Agreement and shall not affect the validity and enforceability of any remaining provisions.

SIGNATURES

I understand and acknowledge that I am legally agreeing to the statements in the paragraphs of this Waiver Agreement by affixing my signature below and that these statements are being accepted by Hill Country Tri Club (hereinafter "HCTC") in consideration for allowing me to become a member of HCTC, and I further understand and acknowledge that my statements are being relied upon by race sponsors, organizers, administrators, volunteers and other parties defined above as the "Released Parties." Additionally, by affixing my signature below I agree to abide by the HCTC constitution and by-laws as they exist today or as amended at a future time.

Signature of applicant: _____ Date: _____

Signature of spouse (joint membership): _____ Date: _____