

Hudson Valley Triathlon Club

WELCOME!

Become a member of the **Hudson Valley Triathlon Club**, a group devoted to helping beginner and advanced athletes reach their health, fitness and competitive goals through the sport of triathlon.

Club Description: **HVTC** trains 2 hours north of New York City at beautiful Wilson State Park in Mt. Tremper, N.Y. and hosts a 4-race Summer Tri-Series: **June 11, July 9, August 13 & September 10 (All Wednesday evenings)**. These are exciting times for our sport and HVTC is here to see that you enjoy every moment. We look forward to meeting you!

Name _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Tel Home _____ Tel Work _____

Cell _____ E-Mail _____

Annual membership dues are \$200.00 US. Please make check or money order payable to: **HVTC**

Credit Card: MC, Visa, Amex, Discover

Card #: _____

Exp. Date: ____/____

FAX: 845-679-8131

Contact:

Mark H. Wilson

Professional Triathlon Coach

Founder/President HVTC

845•679•8602

mark@hvtc.net

www.hvtc.net

Please sign waiver and FAX or Mail to:

370 Coldbrook Rd.

Bearsville, NY

12409

FAX: 845-679-8131

PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

I acknowledge that a triathlon, duathlon, or multi-sport event is an extreme test of a person’s physical and mental limits and carries with it the potential for death, serious injury and property loss. **I HEREBY ASSUME THE RISKS OF TRAINING FOR PARTICIPATING IN TRIATHLONS, DUATHLONS, OR MULTI-SPORT EVENTS.** I certify that I am physically fit and have not been advised against participation by a qualified health professional. In the event I am or act to become a member of Hudson Valley Triathlon Club (“HVTC”), I acknowledge that my statements on the AWRL are being accepted by Mark Wilson and HVTC in consideration for allowing me to become a member. I further acknowledge that my statements on the AWRL are relied upon by Mark Wilson and HVTC in permitting me to participate in any training for participating in triathlons, duathlons, or multi-sport events, irrespective of whether such training is on an individualized one-on-one basis or part of a group activity organized or sponsored by Mark Wilson and/or HVTC.

In consideration for allowing me to become a member in HVTC and/or to participate in any individualized or group training for triathlons, duathlons, or multi-sport events, I hereby take the following action for myself, my executors, administrators, heirs next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I release and discharge Mark Wilson and HVTC from and waive any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or relate to my participation in or my traveling to and from any individualized or group training; (b) I acknowledge that that there may be traffic or persons on the route used for training sessions, and I assume the risk of running, bicycling, swimming or participating in any individualized or group training organized, sponsored or conducted by Mark Wilson and/or HVTC; (c) I assume any and all other risks associated with participating in any individualized or group training sponsored, organized or conducted by Mark Wilson and/or HVTC, including but not limited to falls, contact and/or effects with other participants if applicable, effects of weather including heat and/or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or other individuals not participating in the individualized or group training event, all such risks being known and appreciated by me; (d) I agree not to sue Mark Wilson and HVTC for any of the claims, losses, or liabilities that I have waived released, or discharged herein; (e) I indemnify and hold harmless Mark Wilson and HVTC from any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others, (iii) the conditions of the facilities equipment or areas where the training activity is being conducted.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS.

PRINT NAME	SIGNATURE	DATE
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For persons under 18 years of age, a parent or legal guardian must sign the preceding AWRL and complete the following section:

The undersigned _____ (parent/guardian) the parent and natural guardian of _____ (minor’s name) hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in execution of this Consent.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility (“Medical Provider”) to treat the minor named herein for the purpose of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment.

NOTE: Parent/Guardian must also sign AWRL above.

PARENT/GUARDIAN SIGNATURE	RELATIONSHIP TO MINOR	DATE
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