

TCTC 2009 Membership Form

(Expires 12/31/09)

____ Individual Membership (\$20) ____ Family Membership (\$30)

Name: _____

Home Telephone: _____

Address: _____

Work Telephone: _____

City: _____ State: _____ Zip: _____

Cell Telephone: _____

USAT License # (if applicable): _____

Birth date: _____

RELEASE

In consideration of my membership, I agree not to hold the TriCities Triathlon Club, its officers or any of its members liable for any injury or damage which may result from participation in any event sponsored by the TriCities Triathlon Club. I understand that as a bicyclist using public highways I will be subject to, and agree to abide by, the same traffic laws as governs other vehicles. I understand that the TriCities Triathlon Club does not accept responsibility for the safety of event participants, that swimming, bicycling, and running can be dangerous, and that all participants in TriCities Triathlon Club activities assume responsibility for their own safety.

Signature of Member: _____ Date: _____

Legal Guardian of Minor: _____ Date: _____

A completed Membership Form and a check to Tricities Triathlon Club should be mailed to:

Tri-Cities Triathlon Club
c/o David Douthat
1732 Lamont St
Kingsport, TN 37664

PLANNED SCHEDULE OF 2009 RACES

Please list any races you plan to attend in 2009. We will use this information to determine when we are likely to have a group of club members at the same event. This can help facilitate car pooling and/or group activities before or after the race.
