



# REGISTRATION FORM

COMPLETE ONE FORM PER MEMBER

[Click here for Online Registration](#)

MAIL OR DROP OFF THIS FORM  
 WITH A CHEQUE FOR YOUR FEES TO:  
 TRIPLE THREAT TRIATHLON CLUB  
 c/o 140 STANIER ST.  
 WINNIPEG, MB R2L 1N3

NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
ADDRESS		CITY	POSTAL CODE
HOME PHONE		CELL PHONE	
DATE OF BIRTH	DAY MTH YEAR	AGE ON DEC 31 OF THIS YEAR	EMAIL
EMERGENCY CONTACT NAME		MEDICAL HISTORY ALLERGIES, MEDICATIONS	
EMERGENCY CONTACT HOME PHONE			
EMERGENCY CONTACT CELL PHONE			
MEMBERSHIP FEE* \$ <b>100.00</b>	* INCLUDES TRIATHLON MB MEMBERSHIP		<b>VOLUNTEER SHIFTS</b> FOR TRIPLE THREAT TRIATHLON EVENT SUNDAY(MANDATORY) PLUS AT LEAST ONE ADDITIONAL SHIFT
BINGO BUYOUT (OPTIONAL \$65) \$	<b>PAYABLE TO:</b> TRIPLE THREAT TRIATHLON CLUB		<input type="checkbox"/> FRIDAY EVENING SET UP <input type="checkbox"/> SATURDAY EVENING SET UP
TOTAL DUE \$			<input type="checkbox"/> SATURDAY KoS EVENT <input checked="" type="checkbox"/> SUNDAY ADULT EVENT

**REGISTRATION WAIVER:** For myself, my executors, administrators, heirs, next of kin, successors and assigns,

I \_\_\_\_\_ hereby:

- Waive and release any and all claims that I may have against Triple Threat Triathlon Team ("Team") its committees, officers, directors, members, volunteers, employees, agents, sponsors or any or more of them or their executors, administrators, heirs, next of kin, successors or assigns ("the releases") including any and all claims for damage caused by the negligence of any of them, arising out of my participation in their events and its related activities, together with any costs including lawyers fees may be incurred as a result of any such claim whether valid or not, and indemnify and hold harmless the releases and each of them against any such claim that I or any of or more of my or their executors, administrators, heirs, next of kin, successors and assigns may have or assert and against any costs including lawyers' fees with respect thereto.
- I hereby acknowledge that I have sole responsibility for my personal possessions and athletic equipment during Team events and related activities.
- I hereby acknowledge that participation in Team events carries with it potential hazard, I therefore release the Team its events committees, their officers, directors, members volunteers, employees, sponsors, of any liability resulting from injury or death during their events and related activities.
- I hereby attest and verify that I am physically fit and that my physical condition has been verified by a licensed medical doctor.
- I hereby permit the free use of my name, picture, and competitive results in promotional materials, broadcast, telecasts and press.
- In consideration of my acceptance as a member of the Team and Triathlon Manitoba, I hereby agree to follow all rules and regulations set down by Triathlon Manitoba.
- I realize that, with this membership, I may be subject to unannounced drug testing as administered under Triathlon Manitoba, its governing body, and the Canadian Centre for Ethics in Sport.
- I understand that Triple Threat Triathlon Team retains personal information about me in their files. I accept the use of my personal information for the purposes described in accordance with Triathlon Manitoba's Privacy Policy, posted at [www.triathlon.mb.ca](http://www.triathlon.mb.ca).

**SIGNATURE** (parent or guardian if under age 18)

DATE

**Information Collection and Use:** Triple Threat Triathlon Team is the sole owner of the information collected on this document. We will not sell, share or rent this information to others without permission. Triple Threat Triathlon Team collects information from our members for internal club use only.