

Team Earthquake Multisport Racing, Inc.



Mail application & payment to:

Team Earthquake

P.O. Box 1352

Mandeville, LA 70470-1352

www.teamearthquake.org

To join the Team Earthquake e-mail list send a blank e-mail to:

teamearthquake-subscribe@yahoogroups.com

Make check out to Team Earthquake

Team Earthquake's Charter is to bring together recreational and competitive multi-sport athletes for training, racing, and social activities. There are no qualifications to be a member of Team Earthquake. Becoming an annual member of USA Triathlon (USAT) is recommended when participating in organized races.

Team Earthquake will provide a venue to communicate and promote training and racing opportunities for cycling, running, and swimming. Our goal is to increase the level of interest and participation in Triathlon and multi-sport events on the Northshore and in the New Orleans area as a whole.

Benefits of being a member ---- \$3 club discount on annual USAT membership, discounts from sponsoring local businesses, competition in USAT Club championship, information on training opportunities and Team social events



2006 Membership Application

____ New Member ____ Renewal ____ Individual \$20 ____ Family \$30

Important – Please use the name registered with USAT as it appears on your membership card. If you are not currently a USAT member please visit www.usatriathlon.com to apply using the same name used on this application. To receive the \$3 USAT Club Membership Discount, write TEAM EARTHQUAKE on the USAT membership application and mail to USAT. Discount does not apply to online USAT applications.

First Name _____ Last Name _____

USAT Member: Y N

If yes: USAT Membership Number _____ Expiration Date _____

Age: _____ Birth date _____ Sex M F

Street _____

City _____ State _____ Zip Code _____

Phone - Home: _____ Work: _____ Cell: _____

Email (required): _____

Do you want your Membership Information provided to vendors offering benefits to the Team? Y N

Additional Family Members:

First Name _____ Last Name _____

USAT Member: Y N

If yes: USAT Membership Number _____ Expiration Date _____

Age: _____ Birth date _____ Sex M F

First Name _____ Last Name _____

USAT Member: Y N

If yes: USAT Membership Number _____ Expiration Date _____

Age: _____ Birth date _____ Sex M F

First Name _____ Last Name _____

USAT Member: Y N

If yes: USAT Membership Number _____ Expiration Date _____

Age: _____ Birth date _____ Sex M F

I know that swimming, cycling, running, training, volunteering to work in club races or events and participating in other club activities or events are potentially hazardous activities. I should not and will not enter and swim, cycle, or run in club activities or events unless I am medically able and have been properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the swim, bike, or run. I assume all risks associated with swimming, cycling, running, training, volunteering to work in club races, and participating in other club activities including, but not limited to, falls, contact with other participants, hazardous water conditions, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of the acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release and defend USA Triathlon, Team Earthquake and all sponsors, their agents, employees, and representatives and their successors ("persons") from all claims or liabilities of any kind arising out of my participation in these club activities or events even though that claim or liability arises out of negligence or carelessness on the part of persons named in this waiver.

I grant permission to USA Triathlon, Team Earthquake and all sponsors to use, at no costs, any photographs, motion pictures, recordings, or any other record of the event or club activity for any legitimate purpose.

Adult 1 -- Signature _____ Date _____

Adult 2 -- Signature _____ Date _____

Signature _____ Date _____

(Signature of Parent or Guardian if Applicant is Under 18)