

First Wave Tri Registration & 2009 USA Triathlon Insurance Requirement

Maintaining USA Triathlon (USAT) registration is a mandatory insurance requirement. Benefits of USAT registration include insurance coverage during USAT clinics. Please print neatly and clearly filling in ALL areas of information. E-mail is extremely important since it is the primary form of communication between us.

=====

PRINT YOUR FIRST & LAST NAME _____

GENDER (circle one) Male Female BIRTHDATE ___/___/___ CURRENT AGE _____

HOME OR MAILING ADDRESS (include apartment or suite number, zip code, etc.):

Home Tel () _____ - _____ Work Tel () _____ - _____

Cell Phone () _____ - _____ Other Tel () _____ - _____

PRIMARY E-MAIL ADDRESS _____

SECONDARY E-MAIL _____

WAIVER: "I, the undersigned participant, intending to be legally bound, hereby certify that I have been examined by a physician and certified as being capable of participating in strenuous activity. I acknowledge that I am aware of all the risks inherent in First Wave training and competition, including possible injury, permanent disability or death, and agree to assume all of those risks.

AS A CONDITION OF MY PARTICIPATION IN THE FIRST WAVE TRI TRAINING PROGRAM OR ANY ACTIVITIES INCLUDING SWIMMING, BIKING AND RUNNING, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR PERSONAL INJURY OR DAMAGES, INCLUDING ALL CLAIMS FOR ANY LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE OF THE FOLLOWING: FIRST WAVE TRI, KERRY SIMMONS, KEVIN SIMMONS, HOST FACILITIES, INCLUDING HOFSTRA UNIVERSITY AND NORTH SHORE FITNESS CLUB, OR ANY INDIVIDUALS SUPERVISING SUCH ACTIVITIES."

SIGNATURE _____ DATE _____

(for office use only) Date Paid ___/___/___ Payment Method: Cash M.O. Check # _____