



2011 OTF RACING MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:		
Phone:	Alt Phone:	Date of birth:
Email:		
Current address:		
City:	State:	ZIP Code:

RACING INFORMATION

License #: USAC _____ Please list your race category below (CAT 1,2,3,4,5) if applicable			
Road:	MTB:	Track:	CX:
Preferred Triathlon Distance (circle all that apply): <u>Sprint</u> <u>Olympic</u> <u>Half IM</u> <u>IM</u>			
Preferred Running Distance (circle all that apply): <u>5K</u> <u>10K</u> <u>Half Marathon</u> <u>Marathon</u> <u>Ultra Marathon</u>			

EMERGENCY CONTACT

Name of emergency contact:	
Phone:	
Address:	Phone:
City:	State:
Relationship:	ZIP Code:

ACKNOWLEDGEMENT, WAIVER, & RELEASE FROM LIABILITY (AWRL)

I acknowledge that any form of cycling/triathlon or multisport/duathlon/endurance racing 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 PARTICIPATING IN ANY FORM OF CYCLING/TRIATHLONS OR MULTISPORT/DUATHLONS/ENDURANCE RACING, I certify that I am physically fit, have trained for participation in these events, and have not been advised otherwise by a qualified medical person.

I acknowledge that this AWRL form will be used by OFF THE FRONT, LLC. (OTF) and the sponsors and organizers of all OTF activities; activities being of a workout or low-key nature or a race format or just a social event. I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assign as follows: **a) WAIVE, RELEASE, DISCHARGE and AGREE NOT TO SUE**, for any and all liability for my death, disability, personal injury, property damage, property theft, or action of any kind which may hereafter accrue to me as a result of participation in, or my traveling to or from a OTF activity. THE FOLLOWING PERSON OR ENTITIES: OTF, event sponsors, race directors and coordinators, event producers, event volunteers, and all cities, counties, districts and/or states in which said events may be staged or in which segments of said events may be run and its (their) officers, directors, coordinators, employees, representatives and agents and volunteers; **b) INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned in the paragraph from any and all liabilities or claims made by individuals or entities as a result of my actions during OTF activities or events. I realize that most OTF activities are of a workout or social nature and no traffic control will be in place during the event or activity. I will be responsible for knowing and following all traffic laws while participating in, practicing for, or traveling to or from an OTF event or activity. I hereby consent to receive treatment in the event of my injury, accident, and/or illness during any OTF activity.

I CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; I HAVE READ THIS DOCUMENT; AND UNDERSTAND ITS CONTENTS:

Printed Name:	
Signature of applicant:	Date:
If under eighteen (18) years of age, parent or guardian must sign waiver:	
Parent/Guardian Signature:	Date: