



Wright Triathlon Club Membership Application

Name: _____

Street Address: _____

City, State, Zip Code: _____

Home phone (w/ area code): _____

Daytime phone (w/ area code): _____

Email address: _____

Date of Birth: _____

USAT Number: _____

Fees: **youth (under18)** **\$10/yr, \$25/3yr**
individual: **\$15/yr, \$40/3yr**
married couple: **\$25/yr, \$70/3yr**
(immediate) family: **\$40/yr, \$110/3yr**

Occupation: _____

Are you affiliated with Wright Patterson AFB (not required to join): Y / N

I would like my phone number listed in the Club Roster: Y / N

Where did you hear about us?? _____

Club Roster: All membership information requested above will only be used for club purposes. No information will be given to outside sources or businesses, and club members are prohibited from disseminating member information to outside sources. A club roster will be circulated periodically to club members via email. The roster will include your name, the city that you live in, your email address, and (unless you state otherwise) your phone number.

Waiver

I understand that swimming, biking and running are dangerous sports with the potential for serious injury, including death. I assume all risks associated with participating in these and any other club activities. I hereby for myself, my heirs, executors, administrators and assigns do hereby waive and release The Wright Triathlon Club of Dayton and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation with The Wright Triathlon Club of Dayton.

Signed _____ Date _____

Signed _____ Date _____

(Guardian if under 18)

- **Make checks payable to Wright Triathlon Club**
- Mail to: Wright Triathlon Club, P.O. Box 340562, Beavercreek, OH 45434