



# FORSTER TRIATHLON CLUB

## MEMBERSHIP APPLICATION/RENEWAL

1/7/2009 – 30/6/2010

FAMILY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

CHOOSE APPROPRIATE MEMBERSHIP:

MEMBERSHIP TYPE	FORSTER TRI CLUB MEMBERSHIP FEE	QTY	SUB TOTAL \$
<b>TRIATHLON AUSTRALIA (TA) MEMBERS</b>			
ADULT	\$5*	<input type="text"/>	<input type="text"/>
JUNIOR (under 18)	\$3*	<input type="text"/>	<input type="text"/>
<b>NON TRIATHLON AUSTRALIA (TA) MEMBERS</b>			
ADULT	\$50	<input type="text"/>	<input type="text"/>
JUNIOR	\$30	<input type="text"/>	<input type="text"/>
FAMILY (2 adults, 2 children)	\$120	<input type="text"/>	<input type="text"/>

\* One free race

**TOTAL \$**

	NAME	DOB	TA MEMBERSHIP NUMBER
ADULT 1			
ADULT 2			
CHILD 1			
CHILD 2			
CHILD 3			

- I, whose signature appears on the bottom hereof in consideration of and as a condition of membership for myself, my heirs, executors and administrators hereby waive all and any claim, right of cause of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever, which I may suffer or sustain in the course of or consequence upon my entry or participation in FTTC events. I will abide by the Race Rules governing these events.
- This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in the promoting or staging of the events and the servants, agents, representatives and officers of any of them and includes, but is not limited to, Forster Tuncurry Triathlon Club, Committee Members, Directors, Volunteers and Shire Council.
- I attest that I am physically fit and have sufficiently trained for completion of entered events.
- I consent to receive medical treatment that may be advisable in the event of illness or injuries suffered by me during these events.
- I give permission for the free use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account of these events.

SIGNATURE .....

DATE .....

Please return to:  
Forster  
Triathlon Club  
PO Box 145  
FORSTER NSW 2428

Office Use Only  
Date Paid.....  
Cash/Cheque.....  
Receipt No.....