



Whistler Triathlon Club Membership Form

(mail to: P.O. Box 750 Whistler, BC V0N 1B0)

Membership fees Adults: \$15 Kids: \$5 (7 – 19 years of age)

Last Name		First Name	
Gender		Birthdate: (dd/mm/yyyy)	
BC Street Address / Apt. # / P.O. Box		City	Postal Code
Home Phone	Work Phone	Cell	
Triathlon BC membership #			
Email address			
Amount enclosed: \$		Cheque / cash	

Release and Indemnity

(Please read carefully)

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge, and hold harmless the Whistler Triathlon Club representatives and agents for any injury, loss or damage to my person or property, howsoever caused, arising out of any connection with taking part in Whistler Triathlon Club organized events and activities.

In witness thereof, I have hereunder set my hands this day _____ of _____, 20_____

Printed Name _____

Signature _____

Signature of Parent / Guardian _____

Witness Name _____

Witness Signature _____