



## Membership Agreement & Waiver Form

The Lakes Region Triathlon Club (LRTC) is a 501(c)(3) non-profit voluntary club registered with USA Triathlon and is based in Belknap County, in the lakes region of New Hampshire.

By signing below, I \_\_\_\_\_  
(print full name)

agree to abide by the LRTC By-Laws and Rules and Regulations, and that the information listed below applies to being a Member of the LRTC. I agree to the following terms of my membership:

1. The 2023 annual membership is valid from November 1, 2022 through October 31, 2023.
2. LRTC is a registered USA Triathlon club. My membership in LRTC does NOT automatically register me as a member of USAT. If I decide to become a member of USAT, I must do so on my own at [www.usatriathlon.org](http://www.usatriathlon.org)
3. **Trainings/Clinics:**
  - Trainings will be listed on the LRTC website. [www.lakesregiontriclub.com](http://www.lakesregiontriclub.com)
  - Most trainings are free to members; however, some may include an additional, nominal fee (for instance, any swim sessions at PSU are an additional fee).
  - I am not required to attend trainings/clinics. I attend them on a voluntary basis.
  - I am responsible for signing up for trainings/clinics by a certain specified date, unless otherwise noted.
  - Some of the trainings are open to non LRTC members for a fee. If I wish to invite a non LRTC member friend to any LRTC training, they are subject to paying a guest fee.
4. **The annual membership dues structure for 2023 is as follows:**
  - Dues are \$250 for individuals (age 16+)
  - Dues are \$400 for a couple
  - Dues for youths (ages 10-15) are \$125.
5. **Ability to Swim:** In order to participate in the LRTC swim training sessions, I understand that I must be able to comfortably swim 300 yards without stopping.
6. **COVID-19 Protocols:**
  - I agree that I will skip the training sessions if in the 72 hours prior I've shown any COVID-19 symptoms, or been in close contact with someone that has been diagnosed with COVID-19.
  - I acknowledge that if I am not fully vaccinated against COVID-19, I will be prohibited from attending training sessions at some venues including, but not limited to, Colby Sawyer College.
  - I acknowledge that I am expected to follow the COVID-19 guidelines posted by the State of NH (<https://www.covidguidance.nh.gov/>) and the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>).

**LRTC RELEASE AND WAIVER:**

In consideration of participating in activities of the Lakes Region Triathlon Club (LRTC), I represent that I understand the nature of this activity and that I am qualified, in good health, and in proper physical condition to participate in such activities as offered by LRTC.

I acknowledge that before I engage in any activities of a physical nature, that I should consult my physician prior to doing so. I acknowledge that if I believe event conditions to be unsafe, I will immediately discontinue participation in the activity.

I acknowledge the contagious and evolving nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending activities, training sessions and/or clinics offered or sponsored by LRTC. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result in the actions, omissions, or negligence of myself and others, including, but not limited to the LRTC Board of Directors, other LRTC members or guests of LRTC attending the activities, and the “releasees” named below.

I fully understand that activities offered by LRTC involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the “releasees” named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in activities offered by LRTC.

I hereby release, discharge and covenant not to sue Lakes Region Triathlon Club, Breakaway Athletic Coaching, The Downtown Gym, Colby-Sawyer College, Plymouth State University, each of their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the “releasees” herein) from all liability, claims, demands, losses or damages on my account caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability and assumption of risk, I, or anyone on my behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which I may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

For minors under 18, signature of parent or guardian required:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian for: \_\_\_\_\_

## LRTC INFORMATION SHEET

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFO:** Circle which is best way to contact you

Email: \_\_\_\_\_

Home or Work Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Texting: [  ] Yes [  ] No

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Cell: \_\_\_\_\_

**RACING/CLUB ROSTER INFO:**

USAT#: \_\_\_\_\_

Date of Birth (please include year): \_\_\_\_\_