



**STEVESTON ATHLETIC ASSOCIATION**

**Membership Application**

Annual membership is \$35. Payment (cash or cheque) along with this completed form can be submitted to any board member. Cheques are to be made out to Steveston Athletic Association. Please register or renew your TriBC membership for 201\_\_ prior to submitting this application. Go to [www.tribc.org](http://www.tribc.org)

Name: \_\_\_\_\_ Tri BC number: \_\_\_\_\_ Birth date: \_\_\_\_\_

**NCCP triathlon certified members wishing to lead run/bike training sessions, please complete the following:**

NCCP registration #: \_\_\_\_\_ NCCP qualification(s) \_\_\_\_\_

Interest to lead training sessions: Run: \_\_\_\_\_ Bike: \_\_\_\_\_

**Complete the information in this box :**

Address: \_\_\_\_\_ Postal code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

**The following information is used in case of emergency and will be available to coaches and bike/run leaders:**

Emergency contact #1

Emergency contact #2

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

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

Phone#: \_\_\_\_\_

Phone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Record any medical information you would like the coaches/leaders to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Release and Indemnity Waiver**

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Steveston Athletic Association (SAA) representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in SAA organized events and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the SAA representatives or agents. I acknowledge that I am responsible for the road worthiness and correct operation of my bicycle.

**Yes\_\_ No\_\_ Initial\_\_.**

I, the undersigned, am aware that there is a certain risk of injury, including potential for permanent paralysis and death, either while travelling to or from the event, or while attending or participating in SAA organized events and activities.

**Yes\_\_ No\_\_ Initial\_\_.**

I certify that I am physically fit and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in any SAA event or activity. Should such arise, it will be my sole responsibility to withdraw from SAA events or activities.

**Yes\_\_ No\_\_ Initial\_\_.**

I consent and agree that SAA, their coaches, agents, or representatives may take photographs or digital recordings of me as a participant during an event or activity and use these in any and all media. I further consent that my identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest and I understand that there will be no financial or other remuneration.

**Yes\_\_ No\_\_ Initial\_\_.**

**I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN INDEMINITY WAIVER AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN SAA AND ME, AND I SIGN IT ON MY OWN FREE WILL.**

**In witness thereof, I have hereunder set my hand this Day \_\_\_\_\_ of \_\_\_\_\_, 201\_\_.**

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**Printed Name**

**Signature**