



Individual Membership Application

Today's Date:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Email:

Phone #:

Date of Birth:

Medical Conditions:

Known Allergies:

Emergency Contacts:

Phone #:

Waiver: I understand that participating in the SEMO TRI TEAM activities is potentially hazardous, and that I should not participate unless I am medically able. In consideration of the acceptance of this membership, I assume full responsibility for injury or accident which may occur while travel to and from, during or while I am present at SEMO TRI TEAM activities. I also am aware of and assume all risks associated with participating in SEMO TRI TEAM activities, including but not limited to falls, contact with other participants, and effect of weather, traffic, and conditions of the road. I, for myself and for my heirs and executors, hereby waive, release and forever discharge the SEMO TRI TEAM, members of the team, sponsors, promoters, and each of their agents, representatives, successors and assigns, and all other persons associated with the SEMO TRI TEAM, for all my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in the SEMO TRI TEAM activities. I understand the membership fee is non-refundable and non-transferable.

Applicant Signature _____

If applicant is below 18 years old:

Parent/Guardian Signature _____