

Event Date:  
August 25, 2012

# 2012 Santa Barbara Triathlon RelayTeam Application

Ref#

internal use only

## 1 Choose a Team Name (If left blank, we use the captain's last name.)

## 2 Team Captain

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## 3 Team Swimmer

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Sex: [M] [F]      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      USAT#: \_\_\_\_\_

Not a USAT member?  
Then include a one-day  
USAT fee below.

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Club Affiliation (if applicable): \_\_\_\_\_

T-Shirt Size (circle only one): Men's [S] [M] [L] [X] or Women's [S] [M] [L] [X]

I want to purchase the Technical Tee option this year and have included an additional \$10 below. Yes\_\_ No \_\_

Tech tee must be ordered by 7/1/12 and will replace the traditional cotton tee if chosen.

Please understand the size shirt you indicate will be what we purchase for you. You will NOT be able to trade it for another size, unless there is a surplus left over after the event.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ (Should be someone not participating.)

## 4 Team Biker

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Sex: [M] [F]      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      USAT#: \_\_\_\_\_

Not a USAT member?  
Then include a one-day  
USAT fee below.

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

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Club Affiliation (if applicable): \_\_\_\_\_

T-Shirt Size (circle only one): Men's [S] [M] [L] [X] or Women's [S] [M] [L] [X]

I want to purchase the Technical Tee option this year and have included an additional \$10 below. Yes\_\_ No \_\_

Tech tee must be ordered by 7/1/12 and will replace the traditional cotton tee if chosen.

Please understand the size shirt you indicate will be what we purchase for you. You will NOT be able to trade it for another size, unless there is a surplus left over after the event.

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ (Should be someone not participating.)

# 2012 Santa Barbara Triathlon RelayTeam Application

## 5 Team Runner

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Not a USAT member?  
Then include a one-day  
USAT fee below.

Sex: [M] [F]      DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_      USAT#: \_\_\_\_\_

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

Day Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Club Affiliation (if applicable): \_\_\_\_\_

T-Shirt Size (circle only one): Men's [S] [M] [L] [X] or Women's [S] [M] [L] [X]

I want to purchase the Technical Tee option this year and have included an additional \$10 below. Yes\_\_ No \_\_\_\_

Tech tee must be ordered by 7/1/12 and will replace the traditional cotton tee if chosen.

Please understand the size shirt you indicate will be what we purchase for you. You will NOT be able to trade it for another size, unless there is a surplus left over after the event.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ (Should be someone not participating.)

### Event Fees:

	Before 2/1/11	2/1/12 to 4/30/12	5/1/12 or after
Two or three members	\$290	\$300	\$320

**MULTIPLE EVENT DISCOUNT:** If you are participating in more than one event you must submit a separate application and "Waiver Agreement" for each. There is a \$20 discount for participating in two events.

**USA TRIATHLON:** The Santa Barbara Triathlon is a USA Triathlon Sanctioned Event. As such each participant is required to be a member of USA Triathlon or to purchase a single-day membership in order to participate. The required single-day membership provides, among other benefits, a secondary medical policy for the member in case of injury during the event. For detailed information about this coverage visit [www.usatriathlon.org](http://www.usatriathlon.org).

Check the confirmation list on [www.santabarbaratriathlon.com](http://www.santabarbaratriathlon.com) a week after you register to assure your application was processed.

**NO EVENT DAY REGISTRATION!**

### 6 Do The Math

Event Amount	+\$ _____	See fee from above.
USA Triathlon One-day fees	+\$ _____	Include fees for anyone not providing their "USAT #" above. Fees are: Adult \$12 Youth (17 & under) \$10
Technical Tee Shirt (optional)	+\$ _____	Include \$10 for each member selecting this option from above.
Multi-Event Discount	-\$ _____	\$20 off your 2nd entry if you are in 2 events
Coupon OR Club Code	-\$ _____	Once code per entry. Check with your club President for Club code and look in local promotional material for Coupon codes.
		Place Code here: _____
<b>TOTAL</b>	<b>=\$ _____</b>	

### 7 Sign Waiver

A signed "Waiver Agreement" (included in this package) for each individual participant or team member must accompany this application. Otherwise your application(s) will not be processed.

### 8 Complete Consent Form

Complete and sign "Minor Medical Consent Form" (included in this package) for each youth member and return with this Application.

### 9 Mail

Send application, signed waiver, and payment to:

Santa Barbara Triathlon  
PO Box 215  
Santa Barbara, CA  
93102-0215

**Refund Policy:**  
See our website for transfer options and refund information.



# MINOR – MEDICAL CONSENT FORM

This form is to be completed by parent(s) or guardian(s).

Student's/Minor's Name: \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_ Grade \_\_\_\_\_

## PARENT INFORMATION

Father Name: \_\_\_\_\_ Mother Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Eve Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

## EMERGENCY CONTACT (If parents cannot be reached)

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

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

City, State, Zip: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Eve Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

## HEALTH INSURANCE CARRIER:

Ins. Co. Name: \_\_\_\_\_ Insured Person: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Permission to vaccinate or inoculate, if necessary (circle one): Yes / No  
(Please discuss your decision with your child)

## AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (We), the undersigned, parent(s)/guardian(s) of \_\_\_\_\_, a minor, do hereby authorize the Santa Barbara Triathlon, as agents of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the California Medical Practice Act, whether such diagnoses or treatment is rendered at the event site by the said physician or at a hospital. This authorization also applies to dental care under a duly licensed dentist.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California and shall remain effective and until revoked in writing and delivered to said agent(s).

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

Signature of parents or person having legal custody \_\_\_\_\_

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE USA TRIATHLON AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.



## WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

IN CONSIDERATION of USA Triathlon ("USAT") allowing me to participate in any USAT sanctioned event (the "Event" or "Events") as either a member of USAT or through the issuance of a single event license or permit; I, for myself, and on behalf of my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns, hereby agree to and make the following contractual representations pursuant to this Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement (the "Agreement");

1. I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.
2. I understand and acknowledge the physical and mental rigors associated with triathlon, duathlon, or other multi-sport events, and realize that running, bicycling, swimming and other portions of such Events are inherently dangerous and represent an extreme test of a person's physical and mental limits. I understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and loss of life; loss of or damage to equipment/property; exposure to extreme conditions and circumstances; accidents, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; water, road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined risks and dangers which may not be readily foreseeable or are presently unknown ("Risks"). I understand that these Risks may be caused in whole or in part by my own actions or inactions, the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and I hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which I incur as a result of my participation in the Event.
3. I agree to be familiar with and to abide by the Rules and Regulations established for the Event, including but not limited to the Competitive Rules adopted by USAT and the Guide to Prohibited Substances and Prohibited Methods of Doping adopted by the United States Anti-Doping Agency. I also accept sole responsibility for my own conduct and actions while participating in the Event, and the condition and adequacy of my equipment.
4. I hereby Release, Waive and Covenant Not to Sue, and further agree to Indemnify, Defend and Hold Harmless the following parties: USAT, the Event Owners, Organizers and Promoters, Race Directors, Sponsors, Advertisers, the State of California, its officers and employees, Host Cities, United States Olympic Committee (USOC), Local Organizing Committees, Venues and Property Owners upon which the Event takes place, Law Enforcement Agencies and other Public Entities providing support for the Event, and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members, agents, employees and volunteers (**Individually and Collectively, the "Released Parties" or "Event Organizers"**), with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense (including court costs and reasonable attorneys fees) of any kind or nature (**"Liability"**) which may arise out of, result from, or relate to my participation in the Event, including claims for Liability caused in whole or in part by the negligence of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on my behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liability which any may be incurred as the result of such claim.

I hereby warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up substantial legal rights by signing it (including the rights of the minor, my spouse, children, parents, guardians, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions and provisions of this Agreement. This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

NAME OF PARTICIPANT (PRINT): \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### Parental Consent (required if the participant is less than 18 years of age)

*As the Parent and/or Legal Guardian to the minor identified above, I hereby accept and agree to all of the terms and conditions of this Agreement on behalf of the minor in connection with the minor's participation in the Event(s). If, despite this Agreement, I, or anyone on the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.*

NAME OF PARENT/LEGAL GUARDIAN (PRINT): \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF PARENT/LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_