



www.piranhatri.com

Applicant Information

Full Name: _____

Address: _____

Mobile No. _____ Email address _____

Sex _____ Profession _____

TI Membership

TI Number _____

- Membership of Triathlon Ireland is mandatory for Piranha Members.
- Joining details on www.triathlonireland.com.
- If your number is not received yet, you must email the Piranha Membership Secretary with your number when received. Failure to do so will result in returned membership.

Ethos of the Club

I have read and understand the Club Ethos Document on the Club Website. Please tick the box
Link to Club Ethos - <http://www.piranhatri.com/article.php/20071030220918371>

Dublin City Triathlon

I am aware that all club members must volunteer for the clubs main event of the year – the Dublin City Triathlon. Please tick the box.

Membership

a) Full Membership (€20 per month standing order covers all training sessions)

(No cheque/PO required. The club membership secretary will contact you via email with the necessary details once the form has been received)

b) Full Membership (€220 – covers all training sessions for the year)

c) Student Membership (€110 – reduced rate full membership)
(Open to full-time 3rd level students – Please attach copy of student card as proof)

d) Affiliate Membership (€30 – no training sessions included)



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Additional Information

Do you have any injuries or illnesses we should know about? _____

Have you previously raced for a club other than Piranha? Y/N

If so which club? _____

Waiver

Please read carefully before signing acknowledgment, waiver and release from liability (AWRL)

I acknowledge that a triathlon or duathlon event is an extreme test of a person's physical and mental limits and carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN TRIATHLONS OR BI-SPORT / DUATHLON EVENTS. I certify that I am physically fit and have sufficiently trained for participation in this event(s), and have not been advised against participation by a qualified health professional. Acknowledge that my statements on this AWRL are being accepted by Irish Triathlon Association ("ITA") in consideration for allowing me to become a member in ITA and are being relied upon by ITA and the various race sponsors, organizers and administrators in permitting me to participate in any ITA sanctioned event. In consideration for allowing me to become a member of ITA and allowing me to participate in ITA sanctioned events, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the Competitive Rules adopted by ITA, including the Medical Control Rules as they may be amended from time to time, and I acknowledge that my membership may be revoked or suspended for violation of the Competitive Rules; (b) I AGREE that prior to participating in an event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the event activity facilities or area; (c) I waive, release, AND DISCHARGE from any and all claims, losses, or liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damage of any kind, including economic losses, which may in the future arise out of or related to my participation in or my traveling to and from a ITA sanctioned event, THE FOLLOWING PERSONS OR ENTITIES: ITA, EVENT SPONSORS, RACE DIRECTORS, EVENT PRODUCERS, VOLUNTEERS, ALL CITIES, COUNTRIES, OR LOCALITIES IN WHICH EVENTS OR SEGMENTS OF EVENTS ARE HELD, AND THE OFFICERS, DIRECTORS, EMPLOYERS, REPRESENTITIVES AND AGENTS OF ANY OF THE ABOVE. EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (d) I ACKNOWLEDGE, that there may be traffic or persons ON THE course, route and I ASSUME THE RISK OF RUNNING, BIKING, SWIMMING OR PARTICIPATING IN ANY OTHER EVENT SANCTIONED BY ITA. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in ITA sanctioned events including, but not limited to falls, contact and/or effects with other participants, effects of weather including heat and / or humidity, defective equipment, the condition of the roads, water hazards, contact with other swimmers or boats, and any hazard that may be posed by spectators or volunteers. All such risks being known and appreciated by me, I further acknowledge that these risks include risks that may be the result of the negligence of the persons or entities mentioned above in paragraph (c) or of other persons or entities; (e) I AGREE NOT TO SUE any of the persons or entities mentioned above in paragraph (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; (f) I IDENTIFY AND HOLD HARMLESS the persons or entities mentioned above in paragraph (c) from any and all claims made or liabilities assessed against them as a result of: (i) my actions or inaction's: (ii) the action's, inaction's or negligence of others including those parties hereby indemnified: (iii) the conditions of the facilities, equipment or areas where the event or activity is being conducted: (iv) the Competitive Rules; or (v) any other harm caused by occurrence related to ITA sanctioned event; and (g) I GRANT PERMISSION for the use of my name and / or likeness relating to my participation in a ITA sanctioned event, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name or likeness, I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OLD OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENTS. PRINT NAME

SIGNATURE _____ DATE _____

If person is under 18 years of age, a parent or legal guardian must sign the above AWRL.

Please read the following waiver, sign & date and return the completed form to

Memberships,
44 Willington Drive, ☐☐
Templeogue, ☐☐
Dublin 6w