



### USA Pentathlon Membership Application

Complete this form and return with remittance to: USA Pentathlon, 1 Olympic Plaza, Colorado Springs, CO 80909. Phone: (719) 866-3028 Fax: (719) 866-3036

Thank you in advance for your USA Pentathlon membership! Your membership helps to support Pentathlon at all levels from grassroots to the Olympic Team! Please mark the appropriate box for your category of membership below.

NEW  RENEWAL

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

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

City, State, ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female US Citizen:  Yes  No

Pentathlon Club Affiliation: (name of pentathlon club you are a member of) \_\_\_\_\_

#### Membership Type:

- Competitive Adult (over 21 years old) \$50
- Jr. Competitor (Under 21 years old on 31 Dec) \$35
- Coach/Official/Technical Delegate \$50
- Family Membership (2 Regular, 2 Associate) \$160
- Lifetime \$1200

#### Family /Associate Membership Information:

Name	DOB	Male/Female	Email Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Payment:  Enclosed Check or Money Order (Payee: USA Pentathlon)  VISA  MasterCard

YES! I would like to make a donation to USA Pentathlon in the amount of \$ \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the payee named above to charge this credit card in the amount of \$ \_\_\_\_\_. Total payment of required membership fees and donations.

Card#: \_\_\_\_\_ Expires: Month \_\_\_\_\_ Year \_\_\_\_\_

Signature: \_\_\_\_\_

## USA Pentathlon Assumption of Risk and Release From Liability

(Read carefully before signing)

I know and understand that pentathlon in its various forms, as well as preparation for participation in, coaching, volunteering, officiating and related activities in pentathlon competitions and clinics (all of which are hereinafter collectively referred to as "Activities"), involve many **RISKS, DANGERS AND HAZARDS**. These risks, dangers and hazards include, but are not limited to, changing weather, variations in steepness or terrain, natural and man-made obstacles and structures, equipment failure, collisions with objects or structures, injury from a horse, being struck by equipment, and exceeding my own abilities. I further understand that pentathlon training and competitions involve performance at the limits of one's abilities, and therefore are more hazardous than recreational activities. I understand that **INJURIES OF ALL TYPES ARE COMMON AND ORDINARY OCCURRENCE**. I know that the risk of **SEVERE INJURY** and even **DEATH** exists in all training and competitions. I also know that personal training, coaching, instruction, supervision and enforcement of rules by USA Pentathlon, its subsidiaries, affiliates, officers, directors, volunteers, employees, coaches, contractors and representatives, clubs, competition organizers and sponsors (hereinafter the term "USAP" shall be used to refer to all such persons and entities collectively) do not and cannot guarantee my safety.

With full knowledge and understanding of the **RISK OF SEVERE INJURY AND DEATH** involved in pentathlon training and competition, I **FREELY AND VOLUNTARILY ACCEPT AND FULLY ASSUME THE RISK THAT I MAY SUFFER TEMPORARY, PERMANENT OR EVEN FATAL INJURIES**, even if I follow the instructions or advice of USAP.

In partial consideration of USAP's acceptance of my membership application, and in spite of the risk of severe or permanent injury, or even death, the undersigned (hereinafter the "Member") agrees to:

1. Member agrees never to utilize any venue, course or facility for any training, practice or competition without first conducting his/her own thorough visual inspection of the venue, course or facility.
2. Member hereby unconditionally **WAIVES AND RELEASES ANY AND ALL CLAIMS, AND AGREES TO HOLD HARMLESS, DEFEND, AND INDEMNIFY USAP (as defined above) FROM ANY CLAIMS**, present or future, to Member or his/her property, or to any other person or property, for any loss, damage, expense, or injury (including death), suffered by any person from or in connection with member's participation in and Activities in which USAP is involved in any way, due to any cause whatsoever, **INCLUDING NEGLIGENCE** and/or breach of express or implied warranty on the part of USAP. Member's sole remedy in the event of any injury shall be compensation for medical expenses under the USAP secondary accident insurance program.
3. Member hereby **RELIEVES USAP OF ANY DUTY TO PROTECT MEMBER FROM HARM** in connection with any Activities in which USAP is involved in any way.
4. Member authorizes USAP to obtain medical care for, or transport him/her to a medical facility or hospital if, in the opinion of USAP, medical attention is required and Member is unable to make such decisions for himself/herself. Member agrees to pay all costs associated with such medical care and related transportation and shall indemnify USAP of and from any such costs.
5. The Agreement shall be construed in accordance with, and governed by substantive laws of, The State of Colorado, without reference to principles governing choice of conflicts of laws. In addition, Member agrees that all lawsuits for personal injury or related loss against USAP must be maintained in state courts sitting in Colorado for federal district courts sitting in the District of Colorado, and member consents and agrees that jurisdiction and venue for such proceedings shall lie exclusively with such courts. In the event any portion of this release is found to be unenforceable, the remaining terms shall be fully enforceable.

**HAVING CAREFULLY READ THE FOREGOING AND UNDERSTANDING IT TO BE A LEGALLY BINDING RELEASE AND INDEMNITY AGREEMENT, \*MEMBER SIGNIFIES THEIR ASSENT TO THE ABOVE TERMS BY SIGNING BELOW:**

**\*For Clubs, Organizations or Corporations this must be the OFFICIAL LEGAL REPRESENTATIVE who signs on behalf of the organizations BOARD OF DIRECTORS (usually SECRETARY, PRESIDENT OR VICE PRESIDENT)**

Signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### SIGNATURE OF PARENT OR GUARDIAN REQUIRED BELOW FOR ALL MINOR MEMBERS

As the parent or guardian of the minor Member named above, I hereby make and enter into each and every agreement, representation, waiver and release described above on behalf of myself, the Member, and any other parent or guardian of the Member, intending that they be binding on me, the Member, and our respective heirs, executors, administrators and assigns, I intend to give up my right, the Member's rights, and the rights of any other parent or guardian to maintain any claim or suite against USAP arising out of the Member's participation in any Activities involving USAP in any way. I believe and represent that I **HAVE LEGAL AUTHORITY TO MAKE THESE AGREEMENTS, REPRESENTATIONS, WAIVERS AND RELEASES, AND I AGREE TO DEFEND AND INDEMNIFY USAP** from and against any and all liability arising out of any lack of authority on my part to legally bind the Member, or any unenforceability for any reason the above agreements, representations, waivers and releases made by or on behalf of the Member.

Parent or Guardian Signature: \_\_\_\_\_

Print Parent or Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_