



WESTERN CANADA SUMMER GAMES – SELECTION CAMP II

Last Name _____ First Name _____

Mailing Address: _____

City: _____ Postal Code: _____

Email Address: _____

Home Phone: _____ Mobile Phone: _____

Date of Birth: _____ Triathlon BC Member Number: _____

ATHLETE AGREEMENT & WAIVER

As a candidate of the Western Canada Summer Games, you agree:

1. To not knowingly take any banned substance.
2. To abide by the disciplinary and appeals procedures of Triathlon BC and/or Triathlon Canada.
3. To abide by the disciplinary and appeals procedure of Triathlon Canada and Triathlon BC with general application to conduct and discipline while attending Triathlon BC training and or racing events.
4. To conduct myself in a sportsmanlike manner at all times while attending and participating in all Triathlon BC related activities.
5. To advise Triathlon Canada and/or Triathlon BC of any current medical conditions, medical history of treatments with this application form.
6. For my executors, administrators, heirs, next of kin, successors and assigns, waive and release any and all claims that I may have against Triathlon Canada, Triathlon BC, its employees, officials, directors, members, volunteers and agents, Canadian Sport Centre – Pacific and their executors, administrators, heirs and assigns, for all injuries or death suffered by me while participating in activities hosted by Triathlon BC. Further, I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Triathlon BC (Triathlon BC) 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 Triathlon BC organized events and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Triathlon BC representatives or agents. I acknowledge that I am responsible for the roadworthiness and correct operation of my bicycle.

I understand that failure to abide by the above conditions may result in disciplinary actions by Triathlon Canada and/or Triathlon BC as provided by the Disciplinary and Appeals procedures.

Dated this _____ day of _____ (mo), 20____ .

Athlete Signature: _____ Print Name: _____

Parent/Guardian Signature: _____ Print Name: _____
(If under 19 yrs)

WESTERN CANADA SUMMER GAMES - Payment & Other Information

Payment Information - \$25.00 *(All fees contribute to race uniform production costs)*

I will be paying by: Credit Card (preferred method):
 Cheque:

Credit Card number: _____ Visa or MasterCard (circle)

Expiry Date: _____ (mo/yr)

Full Name on Card: _____ Card Holder Signature: _____

If paying by cheque, a cheque for the first month's fees, including administration fee (if any) must arrive at the Provincial Triathlon Centre prior to athlete participation.

EMERGENCY CONTACT INFORMATION

Name: _____ Phone Number: _____

Relationship: _____

Athlete Medical Information and/or Allergy Alert: _____
