



MEMBERSHIP APPLICATION FORM

Name	
Address	
Telephone	
E-mail Address	
Date of Birth	
Tee Shirt Size (S,M,L,XL)	

ANNUAL MEMBERSHIP FEE: \$40

Please make check payable to **HEAT, Inc.**, and send to:
 HEAT Membership Director
 53 Rosewood Road
 Avon, CT 06001

PLEASE READ AND SIGN THE WAIVER BELOW

ACKNOWLEDGMENT, WAIVER, AND RELEASE FROM LIABILITY

I acknowledge that training for and competing in triathlons, duathlons or other sporting events involves inherent risks including injury, death, and/or property loss. I certify that I am physically fit, of sound mind, and expressly assume the risks of participating in any HEAT sponsored event, including traveling to and from those events.

In accordance with my assumption of the risks involved in participating in HEAT sponsored events, I hereby waive, release, discharge, and agree not to sue HEAT, its Board of Directors, officers, agents, representatives, volunteers, sponsors, and any other individuals acting in furtherance of HEAT's mission, for any injury, accident, death, property loss, or any other cause of action, including a cause of action resulting from the negligence of any of the individuals identified in this paragraph, that may arise while participating in or traveling to or from HEAT sponsored events. I further agree to indemnify and hold harmless any of the individuals identified in this paragraph from any liability, including liability caused by negligent acts, as a result of my participating in or traveling to or from HEAT sponsored events. This waiver and release is made on behalf of myself, my executors, heirs, administrators, successors, and assigns.

I HEREBY CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, THAT I HAVE READ THE CONTENTS OF THIS FORM, AND THAT I AGREE TO ITS TERMS.

IF I AM UNDER THE AGE OF 18, I HEREBY CERTIFY THAT BOTH MYSELF AND MY PARENT OR LEGAL GUARDIAN HAVE READ THE CONTENTS OF THIS FORM, AND AGREE TO ITS TERMS.

PRINT NAME:	
SIGNATURE:	
SIGNATURE OF PARENT / LEGAL GUARDIAN:	
DATE:	