

MEMBERSHIP APPLICATION



Name

Street Address

City Prov. Post Code

Birthdate MALE FEMALE OTHER

Phone (Home) Phone (Cell) Phone (Work)

E-Mail

What is your disability?

Do you use a wheelchair for racing? (If yes, please specify*) YES NO Local Chapter Name

Running level (check one): BEGINNER INTERMEDIATE ADVANCED

T-shirt size (check one) SMALL MEDIUM LARGE X-LARGE

PLEASE READ THE FOLLOWING WAIVER AND INDICATE THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE BELOW TERMS BY SIGNING AND DATING THIS FORM.

Waiver: I know that participating in Achilles Canada running or other athletic events is potentially hazardous. I agree not to enter any Achilles Canada race, activity, or sponsored event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating, including, but not limited to: falls, contact with vehicles, other participants, spectators, or others, the effect of the weather, including high heat, extreme cold and/or humidity, traffic conditions of the road, all such risks being known and appreciated by me.

I understand that (1) participation with Achilles Canada is strictly voluntary, and (2) I am only to receive/provide running companionship, advice, and encouragement from my fellow Achilles athletes/volunteers/guides. If anything else is asked of me, or if I am otherwise uncomfortable or concerned, I will bring it to the immediate attention of my Chapter leader. **Initial Here** _____

Having read this Waiver and knowing these facts, and in consideration of your accepting my application, I, for myself waive and release, and agree to indemnify and hold harmless the local Chapter of Achilles Canada to which I belong (including all local Chapter directors, officers, leaders, members, athletes, volunteers, guides), the local county and city departments of Parks and Recreation, Achilles Canada (aka Achilles Track Club), The City of Toronto and all its agencies, all sponsors of Achilles Canada and any of their races or events, members and volunteers, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in any Achilles Canada event or related activities, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver. By registering for a Runners Race or any other race through Achilles Canada, I hereby grant my permission to Achilles Canada to act as proxy on my behalf for that race with full authorization to execute consents, waivers and releases included in the Achilles Canada registration.

I further grant my permission to all the foregoing to use photographs, motion pictures, recordings, or any other record of my participation in Achilles Canada for any legitimate purpose, without remuneration.

I have read this waiver and agree to the terms.

PRINT NAME* SIGNATURE* DATE

*Printed Name and Signature of Parent or Legal Guardian if applying member or volunteer is under the age of 18 years of age, OR otherwise potentially deemed incompetent and /or unable to legally consent for themselves. If for any reason, the volunteer or member is unable to read this document clearly and independently, then the document must be read to the volunteer/member, and then witnessed and co-signed by a third party individual.

WITNESS NAME WITNESS SIGNATURE DATE