



CLUB MEMBERSHIP INFORMATION

MISSION STATEMENT

Our mission is to promote and inspire multi-sport training and competition. We encourage all levels of athletes to participate and benefit from the camaraderie and challenges of the team atmosphere, while seeking increased fitness and performance

Membership Dues \$40

Benefits to Team Members

- Discounts at local businesses
- Discount on performance products
- Group training opportunities
- Clinics and guest speakers
- Team social events
- Club email bulletin board
- Club I.D. Card* (allow 2 weeks)

**Must show ID Card to receive discounts*

• Team Uniforms offered at a discount.
Members are encouraged to wear the team uniform at all triathlon events.

**Mad Cows Triathlon
P.O Box 4452
Davis, CA 95617-4452**

www.madcowsracing.org



CLUB APPLICATION

NAME _____

ADDRESS _____

CITY _____

STATE _____ ZIP _____

DAY PHONE _____

HOME PHONE _____

CELL PHONE _____

FAX _____

EMAIL _____

DATE OF BIRTH _____ AGE GROUP _____

FEE: \$40

ADDITIONAL FAMILY MEMBERS : \$20

TOTAL AMOUNT ENCLOSED \$ _____

TYPE OF PAYMENT _____ CASH

_____ CHECK / CHECK

NO. _____

Make Checks payable to: Mad Cows Racing

REFERRED BY: _____

Please return application and waiver

Acceptance of Risk and General Release from Liability (hereinafter, "ARGRL")

To the Prospective Member: As a prospective member of The Mad Cows Racing Team (hereinafter, "MCs"), you must understand that the sports of triathlon, running, cycling, and swimming involve extreme tests of your physical and mental limits and carry with them inherent risks. Both prior to and during your membership in the MCs, the responsibility for your fitness and preparation for the activities, training, and races of the MCs is solely your own. Read the following carefully and ask a MCs officer any questions you may have regarding this instrument. Your signature below signifies your intent to be bound by the terms of this instrument for the duration of your membership in the MCs.

Acceptance of Risk

I, _____, understand that the sports of triathlon, running, cycling, and swimming involve inherent risks. These risks include, but are not limited to, the following:

Cycling often involves training and racing in conditions and in locations where risks are encountered associated with, among other things, road conditions, topography, remote locales, weather, equipment failure, fellow riders, traffic (automotive, foot, and bike), dehydration, and fatigue. Running often involves training and racing in conditions and in locations where risks are encountered associated with, among other things, road conditions, topography, remote locales, weather, equipment failure, fellow runners, traffic (automotive, foot, and bike), dehydration, and fatigue. Swimming often involves training and racing in conditions and in locations where risks are encountered associated with, among other things, water conditions, water temperature, remote locales, weather, equipment failure, fellow swimmers, traffic (boat, both powered and un-powered), dehydration, and fatigue.

Triathlon training and racing incorporates, among other things, all those risks associated with cycling, running, and swimming. In addition, participating in more than one of the above sports, as is required by training and racing triathlons, may compound the risks encountered and may give rise to other risks due to the cumulative physical and mental stresses endured.

I have read the foregoing and I understand that these and any other risks encountered may result in personal injury, death, property damage, and economic loss.

I acknowledge and accept these and all other risks and consequences encountered during participation in MCs' activities, training, and racing.

Release of Liability

In exchange for my acceptance into the MCs and all benefits accruing therefrom, if any, I agree to release from liability and hold harmless all MCs' officers and all MCs' sponsors (hereinafter, collectively, "the Released Parties") for any claims and liability arising from my participation in MCs' activities, training, and racing. Furthermore, this release is valid even if said claim or liability arises from any careless or negligent act or omission of the Released Parties.

I make this release on behalf of myself, executors, administrators, heirs, next of kin, successors, and assigns, and any others who attempt to sue on my behalf.

I agree that this Acceptance of Risk and Release of Liability is valid to the extent allowed by California law. I Hereby Affirm that I am Eighteen (18) Years of Age or Older. I Have Read this Document and Understand its Contents.

Printed Name _____

Signature _____

Date _____

For Persons Under Eighteen (18) Years of Age a Parent or Legal Guardian Must Sign the Above ARGRL and Complete the Following Section.

I, the undersigned _____ (parent/guardian), the parent and natural or legal guardian of _____ (minor's name), hereby acknowledge that I have executed the foregoing ARGRL for and on behalf of the minor named herein. As the natural or legal guardian of such a minor, I hereby bind myself, the minor, and our executors, administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing ARGRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the Released Parties for any claims made or liabilities assessed against them as a result of an insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing ARGRL or in the execution of this Consent.

I hereby authorize any licensed physician, emergency medical technician, hospital, or other medical or health care facility (hereinafter, "Medical Provider") treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to any MCs' activity, training, or racing. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE:

PARENT/GUARDIAN MUST ALSO SIGN ARGRL ABOVE.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____



Triathlon Team

SET GOALS

INSPIRE

TRAIN WITH OTHERS

COMPETE

CHALLENGE YOURSELF

GAIN FITNESS

IMPROVE PERFORMANCE

HAVE FUN !

Membership
Application

www.madcowsracing.org