

# OUTER BANKS TRI CLUB

## APPLICATION FOR MEMBERSHIP

New Member       Renewal  
 Individual       Family

Primary Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex: Male Female Shirt Size S M L XL XXL Birth Date \_\_\_\_\_

Place of Employment \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

(Complete only if family membership)

Second Member Name \_\_\_\_\_

Sex: Male Female Shirt Size: S M L XL XXL  
Birth Date \_\_\_\_\_

Third Member Name \_\_\_\_\_

Sex: Male Female Age \_\_\_\_\_

**Attach separate sheet if additional members**

Signature \_\_\_\_\_ (parent or legal guardian if under age 18)

Membership Dues: **\$45 Annual Dues for Individual (Includes one club shirt)**  
**\$55 Annual Dues for Family (Includes two club shirts)**

Please send to: Outer Banks Tri Club  
116 Gables Way  
Kitty Hawk, NC 27949

**OUTER BANKS TRI CLUB  
WAIVER OF LIABILITY FORM**

\*In consideration of voluntary participation and being permitted to participate in any way in the Outer Banks Tri Club (OBTC), I acknowledge, agree and represent that I understand the nature of Multi-sport Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. I further waive, release and forever discharge the OBTC and their respective officers, agents representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any OBTC activity including, but not limited to practices, competitions, meetings, travel, and social events.

**\*WARNING\* PARTICIPATION IN PHYSICAL ACTIVITY MAY INVOLVE INCREASED RISK OF PERSONAL INJURY,** I hereby acknowledge that participation in OBTC activities often involve exposure to heightened risks of injury, minor to serious, including permanent disability and/or death. These types of injuries may result from my own actions or inactions of others, or a combination of both.

**\*IT IS RECOMMENDED THAT I CONSULT WITH A PHYSICAIN PRIOR TO PARTICIPATING IN PHYSICAL ACTIVITY,** I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent or impair my participation in any of the activities