

## TEAM UTOPIA 2014 MEMBERSHIP APPLICATION

Team Utopia is a competitive club that is open to all interested individuals. **Membership is on an annual basis (January to December).** Dues are \$25 a year, which include coaching and a racing jersey or team item. We train together (not a requirement to be a member) weekly, represent Team Utopia at local and out-of-area team competitions, volunteer at local races throughout the year, and give members an opportunity to socialize and meet other runners. We encourage every member to join USA Track and Field ([www.usatf.com](http://www.usatf.com)) to be eligible to join other Team Utopia members in USATF team competitions.

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

USATF Number for 2014 \_\_\_\_\_

Male/Female (please circle)

Shirt Size (gender specific): XS S M L XL

What are your running goals for 2014? Include the race, date, and/or distance and time or place goal, if any.

### *Club Membership Waiver*

I know that running is a potentially hazardous activity. I assume all risk associated with running and training, including falls, contact with other participants, the effects of weather, the conditions of the road and traffic, track and trails, all such risks being known and appreciated by me. In consideration of your acceptance of this application to become a member of Team Utopia, a) I, for myself and for anyone entitled to act on my behalf, waive, release, and discharge Team Utopia, its members, sponsors, officers, representatives and coaches from all claims or liabilities of any kind arising out of my participation in or traveling to and from any activity organized by Team Utopia or its members, sponsors, officers, representatives and coaches; b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived; and c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during any activity organized by Team Utopia or its members, sponsors, officers, representatives and coaches even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Guardian Signature (if under 19 years of age) \_\_\_\_\_

Send application and check payable to "Team Utopia" to: Cathy Sliwinski, 11 Victoria Way, Albany, NY 12209