

*Member-led Workouts,
Practice Races, and Clinics!

*Local Sponsor Discounts and
Special Deals on Club Gear!

*Monthly Happy Hours and
Fun Social Events!

*Triathlon Race Series and
NEW Running Series!



**NJ MULTISPORT CLUB
2007 Membership Application**

<http://www.paramountadventure.org>



LARKIN CHIROPRACTIC



908-626-1995



An Official
USA Triathlon
Registered Club

JOIN NOW!

Last Name: _____ DOB: _____
 First Name: _____ Work Phone: _____
 Mailing Address: _____ Home Phone: _____
 _____ Mobile Phone: _____
 Email: _____ Sex: Male Female

Individual Membership Fee:	\$25 (\$45 for 2-year membership, \$60 for 3-year membership) – Add \$5 after 1/31!!
Family Membership Fee:	\$45 (\$80 for 2-year membership, \$110 for 3-year membership) – Add \$5 after 1/31!!
Paramount Tri-suit (Garneau):	\$75 (\$100 for 2-piece) Men's M___ L___ XL___ XXL___ Women's S___ M___ L___ XL___
Sleeveless Bike Jersey (Garneau):	\$45 (\$60 for long-sleeve) Men's M___ L___ XL___ XXL___ Women's S___ M___ L___ XL___
Yellow PACE Series T-shirt:	\$10 (Buy them for your fans so you'll see them!) Qty - S___ M___ L___ XL___ XXL___
Amount Enclosed:	

Training Info (optional, so we can help set you up with local training partners):

Swim Pace (Minutes per Mile)	Bike Pace (MPH)	Running Pace (Minutes per Mile)

Paramount Adventure provides a list of member names and e-mail addresses to USAT and select club sponsors for retail and USAT membership discounts. If you would NOT like to be included on this list, please check this box →

If you are interested in volunteering your time and talents to the club, please check below (optional):

- | | | |
|---|---|---|
| <input type="checkbox"/> Organizing/leading workouts | <input type="checkbox"/> Maintaining club website | <input type="checkbox"/> Contributing to Newsletter |
| <input type="checkbox"/> Organizing clinics/speakers | <input type="checkbox"/> Mentoring newbies | <input type="checkbox"/> Race director/volunteer |
| <input type="checkbox"/> Ordering club merchandise | <input type="checkbox"/> Marketing (Flyers, sponsors) | <input type="checkbox"/> Club director/advisor |
| <input type="checkbox"/> Running table at expos/races | <input type="checkbox"/> Planning social events | <input type="checkbox"/> Other _____ |

Please make checks payable to **Paramount Adventure**, and mail to **P.O. Box 417, Convent Station, NJ 07961**

PLEASE READ CAREFULLY BEFORE SIGNING THIS ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL)

I acknowledge that triathlon, duathlons, or any multi-sport activity is an extreme test of a persons physical and mental limits and it carries with it the potential for death, serious injury, and/or property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATION IN MULTI-SPORT ACTIVITIES (triathlon, duathlons, etc.). I certify that I am physically fit, have trained for participation in these events, and have not been advised other wise by a qualified medical person. I acknowledge that this AWRL form will be used by the Paramount Adventure Multisport Club ("Paramount") and the sponsors and organizers of all PARAMOUNT activities. Activities being of a workout ranging from a low-key nature up to and including race pace or social events affiliated with the club.

I hereby take action for myself, my executors, heirs, administrators, next of kin, successors and assign as follows: A) WAIVE, RELEASE, DISCHARGE, AND AGREE NOT TO SUE, for any and all liability or my death, disability, personal injury, property damage, property theft or action of any kind which may hereafter accrue to me as a result of my participation in, or my traveling to and/or from any Paramount activity. THE FOLLOWING PERSONS OR ENTITIES: Paramount, event sponsors, race directors, event producers, event volunteers, and all cities, counties, districts and/or states in which said events may be staged or in which segments of said events may be run and its (their) officers, directors, employees, representatives and agents and volunteers: B) INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned in the paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during Paramount activities or events.

I realize that most Paramount activities are of a workout of social nature, and no traffic control will be in place during the event or activity. I will be responsible for knowing or following all of the traffic laws while participating in, practicing for, or traveling to and/or from a Paramount event or activity. I hereby consent to receive treatment in the event of my injury, accident, and/or illness during a Paramount activity.

I HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER; I HAVE READ THE DOCUMENT AND FULLY UNDERSTAND ITS CONTENTS.

NAME (print): _____

SIGNATURE: _____ DATE: _____

In Case of Emergency Contact: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE (if under 18 years of age): _____