

ACHILLES LOS ANGELES

Athlete with Disability

Membership Application



Name

Street Address

City State Zip

Birthdate Male Female Shirt Size: _____

E-Mail

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

Emergency Contact Person: Name & Phone

What is your disability?

Is there any special need that the Achilles LA leadership should know about?

Running level (check one): beginner intermediate advanced What is your typical running pace? _____ minutes/mile

During workouts/races, what will/do you use? (check one): walk run Wheelchair (pushrim) handcycle

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

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

Waiver: I know that participating in Achilles running or other athletic events is potentially hazardous. I agree not to enter any Achilles workout, race, activity, or sponsored event unless I am medically able and properly trained. I agree to abide by any decision of an Achilles representative or a race official relative to my ability to safely complete the workout/run. I assume all risks associated with participating, including, but not limited to: falls, contact with vehicles, cyclists, skateboarders or the like, 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 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 Achilles chapter leader.

Initial Here: _____

Having read this Waiver and knowing these facts, and in consideration of your accepting my application, I, for myself or for my child and anyone else entitled to act on my behalf, waive and release, and agree to indemnify and hold harmless the local chapter of Achilles International to which I belong (including all local Chapter presidents, directors, officers, leaders, members, athletes, volunteers, guides), the local county and city departments of Parks and Recreation, Achilles International (aka Achilles Track Club), Achilles Kids Program, New York Road Runners, Road Runners Club of America, The City of New York and all its agencies, The City of Los Angeles and all its agencies, all sponsors of Achilles and any of their races or events, all Achilles members and volunteers, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in any Achilles workout, 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 any race through Achilles LA or Achilles International, I hereby grant my permission to Achilles LA and Achilles International to act as proxy on my behalf for that race with full authorization to execute consents, waivers and releases included in the Achilles LA or Achilles International 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 LA or Achilles International for any legitimate purpose, without remuneration. I have read this waiver and agree to the terms.