

# All Tri Registration **TRIBAL ELDERS**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone Carrier (e.g., Sprint): \_\_\_\_\_

Email Address: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male Female

## Fitness and Health Information

Currently, I engage in sports or fitness activity (please check one box):

- Daily
- Two or more times a week
- Once a week
- One or two times a month
- Rarely

Please list any **recent athletic injuries** or **surgeries** that might affect your training with All Tri:

Please indicate **how many** of the following events you have completed in the **past ten years**:

\_\_\_\_ triathlons (any distance) \_\_\_\_ half-marathons \_\_\_\_ marathons \_\_\_\_ century bike rides

Please list any **medical, health or allergy conditions** of which we need to be aware:

Please list current medications that may be important for us to know in a medical emergency:

## All Tri's Expectations of You as a "Tribal Elder"

As a successful alumnus of the All Tri program, you have the unique opportunity to serve as a mentor to new participants in the program.

You are welcome to train with the group. You can benefit from All Tri's coaching plan and training program e-mail reminders. You may also train with us with no fundraising responsibility. You need only pay the \$150 non-refundable registration fee which helps cover costs of coaching, insurance, and pool rental.

In exchange, however, you will be expected to provide encouragement and ideas to fundraising tribe members and assist in their triathlon training. The Head Coach or All Tri Executive Committee may specifically call upon you to provide some specific volunteer roles in the All Tri recruitment and training program.

You will be presented to the tribe in All Tri materials as a point of contact for information and support.

**Should you choose to**, at your own expense, you may also purchase All Tri triathlon attire and/or take advantage of All Tri's group race entry and travel discounts.

There will be two non-refundable payment deadlines should you elect to register with the tribe for the San Francisco Triathlon. On **May 1, 2010**, you will be asked to commit to your race entry and travel costs. Your lodging and pre-race dinner expenses will be due on **June 25, 2010**.

For CapTex Triathlon participants, you will also be expected to commit to your non-refundable race entry fee on **Apr. 1, 2010**, and your pre-race dinner and lodging expenses will be due on **May 14, 2010**. You will travel to Austin at your own expense.

**For coaching needs, please indicate which event you would like to train for:**

- CapTex Sprint (S:750m, B:20k, R:5k) May 31
- San Francisco Sprint (S:0.5k, B:20k, R:5k) July 11
- CapTex Olympic (S:1.5k, B:40k, R:10k) May 31
- San Francisco Olympic (S:1.5k, B:40k, R:10k) July 10

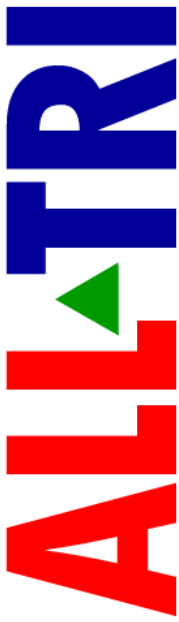
## Emergency Contact Information

In case of emergency, please contact:

First Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

All Tri, P.O. Box 222195, Dallas, TX 75222-2195  
 www.alltri.org  
 Questions? Contact: Randall White, Chairman  
 Phone: 214.946.9270, Fax: 1.866.250.8878



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## All Tri Tribal Elder Registration Fee

Your \$150 registration fee for the All Tri's triathlon program is **not** refundable (Submit this in person, provide credit card information below by fax, or mail a check to the address shown at left)

- Attached is payment to All Tri for \$150, or
- Please charge \$150 to my credit card as follows:

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## All Tri Participant Liability, Consent and Information Release

I, \_\_\_\_\_, (the "Participant") intending to be legally bound, understand and agree that I am voluntarily participating in All Tri, Inc. ("All Tri") philanthropy and fitness training program (the "Program") and all of its activities including, but not limited to, training for and participating in either the **CapTex sprint or Olympic triathlon on May 31, 2010**, or the **San Francisco sprint or Olympic triathlon on July 10-11, 2010**, (collectively, the "Event") at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in training for and participating in the Event and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in the Event.

In consideration of All Tri's sponsorship of this Event and my being permitted to participate in the Event, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and hold harmless All Tri and its Officers, Trustees, agents, employees, volunteers, any medical providers working for or on behalf of the Program, and representatives, successors and assigns (be they individuals or organizations), together with their insurers and sponsors (collectively, the "Organization"), of and from any and all liability, claims, damages, actions and causes of action whatsoever on account of any loss, damage or injury to person (including death) or any other loss or inconvenience whatsoever, suffered by me at any time hereafter arising out of my voluntary participation in this Event, whether resulting from the Organization's negligence or otherwise (collectively, "Liabilities").

I also give permission to the Organization to free use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this Event (the "Personal Release").

**Consent and Information Release ("Consent"):** I hereby grant permission to the Organization to render preventative or first-aid assistance or seek treatment or medical care that it seems reasonably necessary, including hospitalization, for my health and well being. I also give permission to the Organization to use and disclose my personal health information ("PHI") in the ways described in this form. I allow the Organization to use my PHI as necessary for purposes related to my treatment. I also allow the Organization to give out my PHI to doctors, hospitals, ambulance companies, coaches, family members, and others involved in my care and treatment. My PHI may also be used and given out as necessary to run the Event or as necessary for the proper management and administration of the Organization.

This Release and Consent will be governed by and subject to the laws (except the choice of law principles) and exclusive jurisdiction of the courts of the State of Texas.

➔ Please initial: \_\_\_\_\_

## 2010 All Tri Tribal Elder Agreement

As a volunteer supporting All Tri and its mission, I agree: (all must be checked)

- That I am **18 years of age** or older.
- To provide a **\$150 non-refundable registration fee**.
- That I have read and understand all information presented on both sides of this registration form.
- To train with All Tri's 2010 spring/summer triathlon tribe and to **provide encouragement and volunteer support**.

Print Your Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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