



**MYTEAM<sup>®</sup>  
TRIUMPH**

## Angel<sup>™</sup> Application

*Please complete this form and return to myTEAM TRIUMPH, 1620 Ranier Dr.; Iowa City, IA 52246. Or you can fax this form to 319-378-8020.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Birth Date: \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_

Spouse Name (Optional): \_\_\_\_\_

Children's Names and Ages (Optional): \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Applicant Initials/Date

\_\_\_\_\_



# WAIVER

By signing I acknowledge my understanding that my participation in any myTEAM TRIUMPH event and/or any pre- or post-event activities including any training sessions or other preparatory activities (collectively, the “Event”) involves rigorous physical activity and that it potentially may be hazardous. I attest and verify that I am either physically fit and have sufficiently trained for the Event or, if appropriate, my physical or mental fitness to participate in the Event has been approved by a licensed medical doctor. I expressly assume all known and unknown risks associated with the Event, including but not limited to: loss of or damage to my property; injury (including death); accidents; the effects of weather; and terrain conditions that may vary widely, and that may include uneven and/or slippery surfaces, spectators, participants, and natural and manmade obstacles (including without limitation, vehicles, security barriers, signs, cables, mats, and debris on the course). In consideration of my participation in the Event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive any and all rights, claims and causes of action I have or may have against any Race Organizer that may arise as a result of my participation in the Event except for instances of gross negligence. For these purposes, a “Race Organizer” is any one or more of the following: myTEAM TRIUMPH and their affiliates; all governmental agencies representing the territory in which the Event will be held; all sponsors, agents, vendors, and contractors of or for the Event; medical service providers; and the officers, directors, employees, representatives, successors and assigns of each of the foregoing. I hereby agree to indemnify all Race Organizers for all claims and losses (including attorney’s fees and court costs), which may be brought against any one or more of them by anyone claiming to have been injured or otherwise to have suffered loss or damage as a result of my participation in the Event.

I further grant full permission to any and all of the foregoing to store, use and/or reproduce my image or likeness by any audio and/or visual recording technique (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including commercial sales and marketing purposes. I understand and agree that information about me that is collected by the Race Organizers, including without limitation information on this form and my Event results may be disclosed to third parties for any legitimate purpose, including commercial sales and marketing purposes, and that it may be subject to re-disclosure by the recipient(s).

I acknowledge and agree to abide by any Official Rules for the Event that may be posted at the Event or on the Event’s website. I hereby represent and warrant that I am 18 years of age or older or, if applicable, that I am the parent or legal guardian of the child under the age of 18 years old who I am registering for the Event and that I have the full power and authority to agree to these terms on behalf of such child, and to bind him/her to these terms.

Signature of Athlete \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent Guardian (If under 18 years of age):

\_\_\_\_\_

Date \_\_\_\_\_

<b>Applicant Initials/Date</b> _____
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