



Angel Application

Please complete this form and mail to:

myTEAM TRIUMPH – Southern Alabama
201 Atwater Ave., Fairhope, AL 36532

OR SCAN/EMAIL TO: cmartin@mtt-southernalabama.org

Name (F/M/L): _____

Date: _____ Shirt Size: Youth or Adult: XS S M L XL

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Birth Date: _____

Marital Status: Married _____ Single _____

Spouse's Name: _____

Children's Names/Ages: _____

Emergency Contact Name/Number: _____

Approximate 5k Run Time _____

Social Security Number: _____ (Used for background check)

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 (collectively, the "Event") involves rigorous physical activity and that it potentially may be hazardous. I attest and verify that I am physically fit and have sufficiently trained for the Event and that, if appropriate, my physical fitness to participate in the Event has been verified 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. 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 authorize and understand a background check will be conducted on me as part of the approval process. I authorize the release my complete arrest record. I waive such legal rights that may arise and I do release all persons and law enforcement agency from liability in connection with furnishing of such information.

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 _____

Applicant Initials/Date _____