



FIND US ON FACEBOOK AT BLINK MULTISPORT FOR CLUB BENEFITS

Blink Multisport Triathlon Club: Membership Application Form

Please complete the information below, sign and date the form, and return it with your payment to: Blink Multisport, 7575 Candlewood Ave, Grand Rapids, MI 49546. Checks should be made payable to: Blink Multisport and also made to your selected charity. If you would prefer to donate online to a below listed charity, an online receipt is also acceptable.

PERSONAL DETAILS			
First Name:		<input type="checkbox"/> <input type="checkbox"/> Male	<input type="checkbox"/> <input type="checkbox"/> Female
Last Name:		Date of Birth:	
Occupation:		Age as of 12/31/12:	
Address:			
Telephone Number:			
Email Address:			
Uniform Top Size:	Uniform Bottom Size:	T-Shirt Size:	
E-mail address:			
MEMBERSHIP FEES 2012			
Please select the relevant membership category, and tick your chosen payment type			
	Club Membership (*Please mail separate checks for Club Membership and Charitable Contribution)	Charitable Contribution (*see below)	
<input type="checkbox"/> Spouse Membership (Membership includes sponsor discounts <u>only</u> .)	<input type="checkbox"/> \$125.00 <input type="checkbox"/> \$75.00 Name of Spouse: _____	<input type="checkbox"/> \$75.00 <input type="checkbox"/> Waived	
*Elect Charity for Contribution:	<input type="checkbox"/> Grand Rapids Wheelchair Sports Association <input type="checkbox"/> Susan G. Komen Foundation <input type="checkbox"/> Spinal Muscular Atrophy Foundation <input type="checkbox"/> Ride of Their Lives		
MEDICAL AND EMERGENCY INFORMATION			
The information below is optional.			
Allergies:			
Medications:			
Emergency Contact/Relationship:			
Emergency Tel:			
Additional Information:			

THE SMALL PRINT

In consideration of my membership in Blink Multisport (“Blink”) for 2012, and with the understanding that my membership in Blink is only on the condition that I enter into this agreement for myself, my heirs and assigns, I hereby assume the inherent risks involved in the participation of triathlon related events, and any other activities, with Blink (the “Activities”). I expressly assume the risk and accept full responsibility for any and all injuries (including death) and accidents which may occur as a result of my participation in the Activities and release from liability Blink and its sponsors and each of their officers, directors, agents, representatives and employees from any and all claims. I hereby waive any claim I may hereafter have as a result of any and all injury to my person or property as a result of my participation in the Activities and any other activities in which I may voluntarily participate with Blink. I hereby agree to indemnify all of the above-named parties for any and all claims, including attorney’s fees and cost, which may be brought against any of them by anyone claiming to have been injured as a result of any injury to me or my property which may occur as a result of participation in the Activities. I certify that I have read and am fully legally competent to make this agreement.

Printed Name: _____

Signed: _____ Date: _____

***Please direct all questions to our Facebook page – Blink Multisport**