

# WINTER'S FURY



## TRIATHLON CAMP

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

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

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

City, Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

**Cost: \$375.00** gst included

### PAYMENT METHOD

CHEQUE     VISA     MASTERCARD

CARD # \_\_\_\_\_ EXPIRY \_\_\_\_\_ / \_\_\_\_\_

NAME AS IT APPEARS ON THE CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Your completed form and payment are needed to reserve your spot in the camp.  
Cheques made payable to Multisportscanada.

Applications to be mailed to:

Multisportscanada  
11420-73 avenue  
Edmonton, AB  
T6G 0E1

Fax: 780-401-3067

Email: [events@multisportscanada.com](mailto:events@multisportscanada.com)



Edmonton  
Calgary  
Vancouver

MultiSportsCanada.Com  
11420-73 Avenue  
Edmonton, AB T6G 0E1  
780-439-5217  
[tsoll@multisportscanada.com](mailto:tsoll@multisportscanada.com)  
[www.Multisportscanada.com](http://www.Multisportscanada.com)

**A brief description of my athletic background is:**

**What I would like to gain from this camp is:**

**Medical and Health Information**

All responses will remain confidential. Attach additional pages if needed

Date of Birth (D/M/YR): \_\_\_\_\_

(Please answer yes or no to the following questions, if yes, please provide additional information)

Do you have any medical conditions that we should be aware of: \_\_\_\_\_

Are you currently taking any medication: \_\_\_\_\_

If yes, please indicate: \_\_\_\_\_

Do you have any food allergies:

If yes, please indicate: \_\_\_\_\_

Any other information we should be aware of:

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**Emergency Contact Information:**

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

Relationship: \_\_\_\_\_

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

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

**Waiver, Release & Indemnity**

In consideration of the acceptance of my application as a coached athlete, tested athlete or activity participant of Multisportscanada (herein MSC), I, for myself, my heirs, executors, administrators, successors and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE MSC, Trevor Soll and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials, employees, contractors, representatives, successors, and assigns OF AND FROM ALL claims demands, damages, costs, expenses, actions and causes of actions, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my application as a coached athlete, tested athlete or activity participant of MSC, or my participation in any MSC sponsored and/or sanctioned event whether prior to, during or subsequent to any such event AND NOTWITHSTANDING that some may have been contributed to or occasioned by the NEGLIGENCE of any of the aforesaid. An attestation – I attest and verify that I am fully aware of the physical risk of injury or death participating in this activity and I voluntarily agree to accept full responsibility and legal liability for same, that I am fit and have consulted with a Physician regarding my medical history and/or conditions. By signing this waiver, I acknowledge having read and agreed to the waiver, release indemnification and attestation. **I also hereby agree and consent to the use of my name, image or to be quoted by MSC for marketing purposes.**

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Signature of Participant

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Date

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Name of Participant (Print)