

Name:

Date:

Address:

Email:

Telephone:

Emergency Contact:

1. List your top three training goals:
2. How did you hear about Triathlon Training?
3. Have you had any health related issues in the past or current nagging injuries that may affect your training, if so, please describe:

On a scale of 1-10 (10 being fantastic) please rate yourself in the following areas:

SWIM:

BIKE:

RUN:

STRENGTH:

Training History: Please describe your past racing/exercise history. If you have never exercised regularly before please outline your motivations and goals for starting a program now:

Current weekly schedule: Please describe a typical workout week. Be as detailed as possible:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

General Exercise Equipment:

1. Do you train with a heart rate monitor? If so, what brand?
2. Please describe the exercise equipment you have at home:
3. Do you currently log your workouts or use an online program? If so, what one?
4. Are you interested in an online program or a printed program?

Biking Equipment:

1. Describe your bike:
2. Do you have a bike trainer at home?
3. Do you have a bike computer, if so what functions does it have (ie...speed, distance, cadence etc...)
4. Miscellaneous Equipment (ie. Rollers, clip in shoes, race wheels etc...)

WAIVER

I am fully aware that participating in any exercise program can be a potentially dangerous, hazardous activity. I am specifically aware of the potential dangers of participating in the Huntersville Family Fitness & Aquatics training programs and/or events. In consideration of my acceptance into the Triathlon Academy of the Carolinas training program and/or events, I, the undersigned (parent or guardian if participant is under 18 years of age) intending to be legally bound, do hereby for myself, my heirs, executors, administrators, and assigns, assume any and all risks of participating in said training programs and events, and I hereby waive and release any and all rights and claims for damages I may have against Huntersville Family Fitness & Aquatics, its representatives, successors, and assigns for any and all injuries, all such risks being known and appreciated by me. I hereby waive and release the above entities, their representatives, employees, successors, and assigns from any and all claims or liabilities of any kind arising out of my participation in said training programs and/or events, even though these claims and liabilities might arise out of the negligence or carelessness on the part of the persons named above. I attest and verify that I am physically fit and prepared for the "Triathlon Academy of the Carolinas" and Triathlon Training programs and/or events, and that a licensed medical doctor has verified my physical condition within the last six months. I hereby assume full responsibility from any injury, including my death occurring while participating in, or as a result of, my participating in the Huntersville Family Fitness & Aquatics training programs and/or events, and hereby release, waive, discharge and covenant not to sue The Huntersville Family Fitness & Aquatics and its successors, representatives, employees, assigns, or other participants in the Huntersville Family Fitness & Aquatics training programs and/or events from any and all liability to me, my personal representatives, heirs, successors, and assigns for any loss or damage and claim or demands therefore on account of injury to me, including my death, whether caused by their negligence or carelessness in advising me while participating in the Huntersville Family Fitness and Aquatics Triathlon training programs and/or events.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

