

MEMBERSHIP APPLICATION



CONTACT INFORMATION

Name

Street Address

City State Zip Code

Phone (work) Phone (mobile) Phone (home)

e-mail (*Your email will not be shared outside of Achilles-Houston & HQ administration without your permission.*)

What is the best way(s) to contact you? E-mail Text Phone call Snail Mail

Emergency Contact Name: _____ Phone _____

PERSONAL INFORMATION

Male Female Shirt Size : XS S M L XL XXL

Birthdate

Your Disability/Disabilities – Provide additional details below if relevant:

Please provide some details below about why you are joining Achilles. For example, your fitness goals.

Employer: _____

Languages spoken: _____

MILITARY SERVICE

Military Status: Never served Active Duty Reserves Veteran Retired

Military Branch: USMC US Army USAF USN USCG Service Dates: _____ to _____

Is your disability a result of being wounded in combat / while serving? Yes No

HEALTH & FITNESS

Fitness Level: Beginner Intermediate Advanced

Have you participated in any of the following: 5K 10K Half Marathon Marathon

Mobility Information:

Wheels:

Ambulatory: Run Walk

- No Assistance w/Assistance w/Tether w/ Cane Other _____

Method(s) of Competition

Wheels: Handcycle Racing Pushrim Wheelchair Other (describe) _____

HC Pace (min/mile) _____ Pushrim Pace _____ WC Pace _____

Ambulatory: Pace (min/mile) _____

Achilles International - Houston
P.O. Box 1774
Deer Park, TX 77536
T: 832-377-5391
www.AchillesHouston.org

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NEWSLETTERS

- Achilles - Houston: Yes! Please sign me up for the Achilles Houston newsletter.
- Achilles International: Yes! Please sign me up for the Achilles International (HQ) newsletter.

BACKGROUND INFORMATION

- Please check this box if you have ever been convicted of a criminal offense or have a conviction pending, including any misdemeanors. If yes, date of conviction: _____. Please explain the nature of the offense below.

WAIVER

PLEASE READ THE FOLLOWING WAIVER AND INDICATE THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE BELOW TERMS BY INITIALING BELOW.

I know that participating in Achilles International running or other athletic events is potentially hazardous. I agree not to enter any Achilles International race, activity, or sponsored event (each an "Event") unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating, including, but not limited to: falls, contact with vehicles, other participants, spectators, or others, the effect of the weather, including high heat, extreme cold and/or humidity, or wet or slippery surfaces and traffic conditions of the road, all such risks being known and appreciated by me. Furthermore, I acknowledge that participation in an Event may present the risk of being exposed to the COVID-19 virus despite the implementation of guidelines designed to mitigate such risk and I knowingly assume such risk. I agree to refrain from participation in any Event if I have tested positive for the COVID-19 virus and have not quarantined for at least 14 days or if I am experiencing known symptoms of the COVID-19 virus, which include fever, shortness of breath, loss of taste or smell or sore throat.

I understand that (1) participation with Achilles International is strictly voluntary, and (2) I am only to receive/provide running companionship, advice, and encouragement from my fellow Achilles International athletes/volunteers/guides. If anything else is asked of me, or if I am otherwise uncomfortable or concerned, I will bring it to the immediate attention of my chapter leader.

I understand that Achilles International may perform background checks on all new applicants. The information on my application will be verified, and I give permission to make inquiry of others concerning my suitability to participate with Achilles International.

Having read this Waiver/Release and knowing these facts, and in consideration of your acceptance of my participation in the Event(s), I, for myself and anyone entitled to act on my behalf, do hereby waive, release, discharge, and agree to indemnify and hold harmless, and covenant not to sue (a) the local chapter of Achilles International to which I belong (including all local chapter directors, officers, leaders, members, athletes, volunteers, and guides), (b) Achilles International Inc., any of its officers, directors, employees or consultants; (c) all sponsors and officials of the Event(s); (c) the employees, and volunteers, including medical volunteers; and (d) all owners and lessors of premises on or in which any Event takes place, and other representatives, agents, and successors of each of the foregoing (the "Releasees"), from any and all present and future claims and liabilities of any kind, known or unknown, arising out of my participation in the Events, even though such claim or liability may arise out of negligence or fault on the part of any of the Releasees. By registering for a race through Achilles International, I hereby grant my permission to Achilles International to act as proxy on my behalf for that race with full authorization to execute consents, waivers and releases included in the race registration. I further grant permission to all the foregoing to use photographs, motion pictures, recordings, and any other record of my participation in Achilles International for any legitimate purpose, without remuneration.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

- I have read, understood and agree to the above. ____ Initial

Athlete Signature _____ Date _____

PROXY:

If you are acting as a proxy for the athlete above (e.g., as a Parent or Assistant), please provide:

Your Name: _____

Contact Email: _____ Contact Phone: _____