



**MYTEAMSM
TRIUMPH**
WWW.MYTEAMTRIUMPH.ORG

ANGEL APPLICATION

*Please complete this form and return to your physician to review.
This must be signed and dated by your physician BEFORE you are allowed to
participate in any myTEAM TRIUMPH Inc. event.*

Dear Angel,

Thank you for volunteering your time and ability to help those less able. We at myTEAM TRIUMPH, Inc. are committed to provide the best experience for all participants. As such, we would like to make you aware of a few things that we do differently:

1. All Angels will be asked to raise or pledge a minimum of \$100 per race, with specific fundraising goals to be set based on each race.
2. For all our races, WE REGISTER ONLY OUR CAPTAINS, not our Angels. This allows the race to be all about the Captain as their results will be the ones posted. This also alleviates any confusion from a timing standpoint.
3. Our format is to have at least 2-3 ANGELS PER SEGMENT of any race. This guarantees that the Captain finish the race should one of the Angels have any difficulty completing their segment.
4. As much as possible, we expect the team of Angels per Captain to STAY TOGETHER. This not about the fastest race time, but about making a team effort to complete the course. If you do pull ahead for a short segment of the race, make sure you allow for the rest of your team to catch up.
5. It is imperative that the TEAM FINISH TOGETHER. If you are in the lead, try not to pull ahead at the finish line. The Angel pushing the Captain will take the lead.
6. As soon as you cross the finish line, try not to disrupt the flow of other race finishers. CLEAR THE FINISH AREA for pictures or interviews. Do not walk your Captains across the finish line unless approved by myTEAM TRIUMPH, Inc. and the Race Director AHEAD OF TIME.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Applicant Initials/Date



Birth Date: _____ Emergency Contact/Phone: _____

MEDICAL HISTORY QUESTIONNAIRE

Please explain "YES" answers

Do you have any chronic medical problems? Are you receiving any treatment for this? List & explain:

Are you presently taking medication? _____ Yes No

List, if YES: _____

Have you ever injured (sprained, dislocated, fractured, etc.) one of the following (indicate R or L):

_____ hand _____ wrist _____ forearm _____ elbow _____ arm _____ shoulder _____ neck
_____ chest _____ back hip _____ thigh _____ knee _____ shin _____ calf _____ ankle
_____ foot

Please indicate type of injury, date of injury, and any limitations or continuing problems:

Have you ever been diagnosed as having:

_____ mononucleosis _____ hepatitis _____ asthma _____ diabetes _____ headaches (frequent)

Have you been advised by a physician or by your parents not to participate in athletic events?

_____ Yes No

Have you been treated for a disease or illness during the past 12 months? _____ Yes No

Are you currently under the care of a physician? _____ Yes No

Do you have any allergies (medicine, food, etc.) _____ Yes No

Have you ever passed out during exercise _____ Yes No

Have you ever had chest pain _____ Yes No

Do you tire quicker than your friends during exercise? _____ Yes No

Have you ever been told you have a heart murmur? _____ Yes No

Have you ever had racing of your heart or skipped beats? _____ Yes No

Has anyone in your family died of heart problems or sudden death? _____ Yes No

Have you ever had high blood pressure? _____ Yes No

Have you been told you have sickle-cell anemia or been treated for anemia? _____ Yes No

Have you ever been "knocked out"? _____ Yes No

Have you ever had a seizure? _____ Yes No

Have you ever had heat cramps? _____ Yes No

Have you ever been dizzy or passed out in the heat? _____ Yes No

What was the date of your last tetanus shot? _____

Applicant Initials/Date



Are you currently on a special diet? _____ Yes No

OFFICIAL MEDICAL STATEMENT

I hereby acknowledge that I have examined the above athlete on _____ and verify that he/she is able/unable to swim/bike/run while assisting a disabled participant in training for a race or during such a race.

Signature of Physician/PA/NP

Printed Name _____ Date _____

RACE PARTICIPATION HISTORY

Please provide us with a brief history of your most recent race participation so that we may be better able to match you with equally competitive Angels:

TRIATHLONS	Event	Swim		Bike		Run	
	Date	Distance	Time	Distance	Time	Distance	Time
Sprint							
Olympic							
Ironman 70.3		1.2 mi		56mi		13.1mi	
Ironman 140.6		2.4 mi		112mi		26.2mi	

RUNS	Date	Pace	Time
5K			
10K			
15K			
13.1 Marathon			
26.2 Marathon			

Is there any particular race you are interested in participating in with myTEAM TRIUMPH, Inc.? List in order of preference:*

Are there any Captains or Angels that you would like to participate with:*

*REQUESTS LISTED WOULD BE CONSIDERED BUT CANNOT BE GUARANTEED!

Applicant Initials/Date



WAIVER

By signing below, I acknowledge my understanding that my participation in any myTEAM TRIUMPH Inc. 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 man made 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 Inc. 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 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.

Printed Name of Athlete _____

Signature of Athlete _____

Date _____

If Athlete is under the age of 18:

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Applicant Initials/Date

