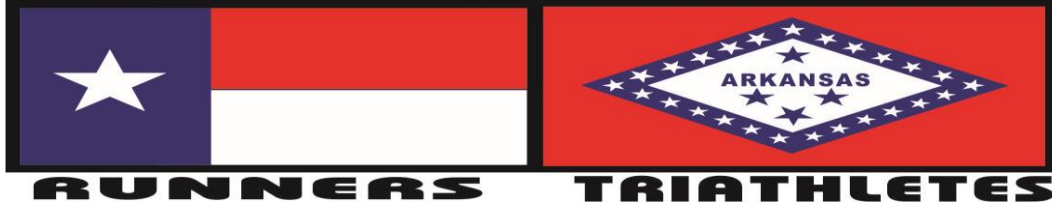


TEAM TEXARKANA



TEAM TEXARKANA, Texarkana's only multi-sport club, is looking for athletes (runners, cyclists, swimmers and triathletes) of all ages and abilities. We want you to join us in promoting health and fitness through running, cycling and swimming. Through experience and social support, TEAM TEXARKANA wants to help you to achieve your personal athletic, health and fitness goals, weather it's to complete a 5K road race, marathon or even a triathlon.

BENEFITS OF MEMBERSHIP

- Receive a TEAM TEXARKANA t-shirt.
- Receive discounts on training and racing apparel.
- Safe and effective group workouts.
- TEAM activities – TEAM meetings, race trips and social gatherings.
- Community Involvement.
- Access to the TEAM Website with weekly workouts.

ANNUAL MEMBERSHIP DUES

Individual: \$25.00 _____

Family: \$45.00 _____

T-Shirt Size: _____

MEMBERSHIP APPLICATION AND WAIVER

I know that running, swimming, cycling and volunteering to work TEAM TEXARKANA races are potentially hazardous activities. I should not enter and participate in TEAM TEXARKANA activities unless I am medically able and properly trained. I assume all risks associated with running, bicycling, swimming and volunteering at TEAM TEXARKANA events and activities including, but not limited to, falls, contact with other participants, the effects of weather, the conditions of the road and traffic on the course all of which are known and appreciated by me.

Having read this waiver and knowing these facts, in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release TEAM TEXARKANA and all sponsors, their representatives and successors for all claims or liabilities of any kind arising out of my participation in TEAM TEXARKANA activities even though that liability may rise out of negligence or carelessness on the part of persons named in this waiver.

NAME: _____ SEX: M F DOB: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PREFERRED PHONE #: () _____ E-MAIL: _____

ADDITIONAL MEMBERS: _____

SIGNATURE: _____

QUESTIONS: Call Mike Riley at 903.748.3265 or e-mail: mike.riley@christushealth.org of Mike Jones at 903.277.1877 or mjones8687@aol.com.

REMIT TO: TEAM TEXARKANA 2223 Galleria Oaks Drive, Texarkana, TX 75503