



**MY TEAM<sup>SM</sup>**  
**TRIUMPH**  
 WWW.MYTEAMTRIUMPH.ORG

## CAPTAIN 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 Captain,

Thank you for your interest in participating in a myTEAM TRIUMPH, Inc. sanctioned event. We want you to have the best & safest experience possible. As such, we are requesting the following information. Please fill out the attached application and return to us at the address below:

**myTEAM TRIUMPH – Puget Sound Chapter**  
**125 SW Campus Drive**  
**Suite 18-202**  
**Federal Way, WA 98023**  
**937-776-6942**  
**616-825-5928 (fax)**

Do not hesitate to contact us should you have ANY questions.

Last/First Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ (necessary for equipment restrictions)

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Emergency Contact Number: \_\_\_\_\_

Applicant Initials/Date

\_\_\_\_\_



# MEDICAL HISTORY QUESTIONNAIRE

Help us better understand your disability by briefly answering the following questions.

1. List the primary diagnoses/injury that resulted in your disability:

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2. How long have you had your disability  Since Birth  \_\_\_\_\_

3. Describe your level of disability:

a) Wheelchair level  manual  electric – mode of operation \_\_\_\_\_

b) Assistive device  cane  crutches  walker – standard/rolling/4-wheel

c) Transfers  min assist  moderate assist  max assist x 1/2

d) Other pertinent info \_\_\_\_\_

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4. History of seizures  Yes  No

If, YES, how often \_\_\_\_\_ Can you tell when you are about to have one \_\_\_\_\_

How long do they last \_\_\_\_\_ Is there anything that can be done to help you through the seizure

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5. Are you continent  Yes  No

If NO, do you require any special accommodation during the race \_\_\_\_\_

6. Would you require any special feeding during the race  Yes  No

If YES, explain: \_\_\_\_\_

How often would you need to drink: every \_\_\_\_ minutes. Can you  do this yourself or would you  need help.

7. Are there any other medical or physical issues that we should be aware of? Please explain:

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## OFFICIAL MEDICAL STATEMENT

I hereby acknowledge that I have examined the above participant on \_\_\_\_\_ and verify that he/she is able/unable to participate in training for a race that involves a swim/bike/run or competing in such a race while being fully assisted by the staff & volunteers of myTEAM TRIUMPH, Inc.

Signature of Physician/PA/NP \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Initials/Date

\_\_\_\_\_



# WAIVER

By signing 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 my ability 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 myTEAM TRIUMPH, Inc. or 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 Captain \_\_\_\_\_

Signature of Captain \_\_\_\_\_ Date \_\_\_\_\_

If Captain is under the age of 18 or requires the approval of a legal guardian:

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Applicant Initials/Date

\_\_\_\_\_

