



Rider-Athlete Application

Please complete this form and MAIL to:

Team Hoyt New England

P.O. Box 33

Rochdale MA 01542

Or EMAIL: TeamHoytNewEngland@gmail.com

Name: _____ Date: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____

Email: _____

Birth Date: _____

Sex: Male: ____ Female: ____ Height: ____ Weight ____

(Required for equipment restrictions)

Shirt Size: Youth or Adult XS S M L XL

Parent/Guardian Name: _____

Parent/Guardian Emergency Contact/Number _____

Applicant Initials/Date: _____

MEDICAL HISTORY QUESTIONNAIRE (Optional)

Help us better understand your disability by briefly answering the following questions. Answer only the questions you feel comfortable answering.

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

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

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?

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:

Applicant Initials/Date:

WAIVER

By signing I acknowledge my understanding that my participation in any Team Hoyt New England (THNE) 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 manmade 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: Team Hoyt New England (THNE) 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 Team Hoyt New England (THNE) 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 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 Rider-Athlete _____

Signature of Rider-Athlete _____ Date _____

_____ Signature of Parent Guardian (If under 18 years of age):

_____ Date _____

Applicant Initials/Date _____