

Achilles Ottawa Membership Application

Name (last, first, middle initial):

Date of birth (month/day/year):

Mailing address:

E-mail address:

Phone: Home: Business: Cell:

Membership affiliation: Athlete Guide

Health information (e.g., allergies, medication, etc.):

Emergency contact: Name: Phone:

I would like to receive e-mail notifications: Yes No

My personal goal for this year is

WAIVER

Upon acceptance as a member of Achilles Ottawa, I shall uphold the high standards of the Organization and shall never do anything to damage its reputation. I understand and agree that the Organization and/or any of its officials, directors, affiliates or sponsors are not responsible for any injury, damage or loss resulting from any accident from known or unknown conditions howsoever caused. I also understand and agree that any violation of this contract will result in the immediate termination of my membership.

- I hereby grant Achilles Ottawa permission to use my likeness in all of its publications. These uses include, but are not limited to, videos, advertisements, news releases, websites, social media and any promotional or educational materials in any medium.

Member's Signature:

Date:

Annual membership is valid for one year from date of payment.

Please **mail or hand in** the annual membership fee of **\$25**, payable to Achilles Ottawa, and your completed membership form to:

Margarita Gorbounova, Membership Secretary
c/o 35-3205 Uplands Drive
Ottawa, Ontario K1V 9T3