



Kain Performance Personalized Online Coaching - 2008 Application

Personal Information: (Please Print Clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ DOB: _____ Gender: M F

Member Status & Type:

Check one: New Client Renewal

2008 Fees - (Due by the 5th of each month)

Monthly Personalized On-line Coaching (includes Team Workouts) - \$180.00

3-Month Special - \$520.00 (Highly recommended as this plan can be designed to prepare/train you for a specific event.)

Please send check made out to Kain Performance LLC, liability waiver, and application to:

**Kain Performance Team
16201 Stevens Canyon Road
Cupertino, CA 95014**

Kain Office Use Only	
Amt Paid	
Date Paid	
Check #	
Cash	

Event(s) you are training for:

IMAZ IMCDA IMUSA IM Canada IM Kentucky IM Wisconsin World Championships

California 70.3 Auburn ½ Hawaii 70.3 Vineman ½ WF Half Big Kahuna 70.3 World Championships

WF Olympic Auburn Olympic Uvas SJIT SJMB Folsom Int'l

Escape from Alcatraz Donner Lake PacGrove Sentinel Santa Barbara Tri Treasure Island

Scott Tinley's Xterra

Other event(s) not listed: _____



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The **KP Personalized Online Program** is geared to the event you are training for, with all of your personal goals, limitations strengths, weaknesses, schedule conflicts and gear the program to YOU. The program is a much more personalized one, with the goal being to get you to a personal best, or “peak” for the event you choose. The Personalized Online Program is also very good for anyone training for an Ironman length race.

Physiological & Training Information:

I train with a heart rate monitor: Yes No

If yes, what is the highest heart rate you've seen? _____

What is your lowest resting heart rate? _____

My dietary habits are: Excellent Adequate Need Work

My knowledge of nutrition is: Excellent Average Basic

What is your longest training week ever? (# of hours): _____

Approximate training week currently (# of hours): _____

Approximate training time available per day with a typical work/workout schedule:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Group Workouts that you regularly participate in (if any): _____

Your athletic background: _____

of Years in Triathlon: _____ Duathlon: _____

Ability Level: Beginner Intermediate Advanced Elite

Goals: _____

Previous Race Experience: _____

**Do you have any limitations or nagging injuries or sports related health problems we should be aware of?
(Please review & sign Liability Waiver)**



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KAIN PERFORMANCE MULTI-SPORT RACING ASSUMPTION OF RISK AND RELEASE OF LIABILITY

NOTICE: This release form is a contract with legal consequences. Read it carefully before signing.

In consideration of the acceptance of my membership application for membership in Kain Performance Multi Sport Racing Team (hereinafter "Kain Performance"), I hereby freely and voluntarily agree to the following representations, waivers and agreements.

I, _____ (**Print Name**), intending to be legally bound, understand and agree that I am voluntarily participating in all Kain Performance training sessions and/or events. I do so at my own request and at my own risk. I acknowledge that the sport of Triathlon and Duathlon, and/or Cycling and/or Running and/or Swimming involves the extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. I acknowledge that I am aware of the risks inherent in the training sessions (and/or events) and certify that I am physically fit and have not been advised against participation in the above named sports by a qualified health professional.)

I agree that I alone am responsible for: (a) my proper preparation and safety while participating in any organized Kain Performance race, training session, event or other Team activity; (b) providing, utilizing and maintaining the equipment necessary for the safe enjoyment of my participation in any such Team event; and, (c) wearing a properly functioning SNELL or ANSI Approved helmet while participating in any Kain Performance event which includes bicycling, regardless of form (i.e. road or mountain riding). I also represent that I have no physical or medical condition, which in my knowledge would endanger myself or others, while I participate in these sports or activities.

Being fully aware of the risks, conditions and hazards associated with these sports, **I HEREBY ACKNOWLEDGE that Kain Performance**, its directors, founders, members, sponsors, agents and any other team-affiliated individuals and/or entities are not in any way responsible for my safety while participating in any Kain Performance organized race, training session, event or other Team activity and **I FURTHER AGREE TO WAIVE, RELEASE AND DISCHARGE** for myself, my heirs, executors, administrators, legal representatives, assignees and successors an interest (hereinafter "successors") in any and all claims of damages for death, personal injury or property damage which I may have or which may hereafter accrue to me as a result of my participation in any Kain Performance event, against any person or entity identified above, whether such injury or damage was the result of negligence or carelessness on the part of the persons or entities mentioned above, and whether such injury or damage was foreseeable or not, including all such claims regarding the design, condition of any equipment utilized by me in such events without regard to whether such equipment is specified or recommended by such persons or entities identified above.

I further agree to forever **HOLD HARMLESS and INDEMNIFY** all persons and entities identified above, general specifically from any and all liability for death, personal injury or property damage resulting in any way from my participating in Kain Performance events of any kind.

I also give permission for the free use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of this Training and/or Event.

I also agree, for myself and successors, that the above representations are not mere recitals and that they are binding; and that should I or my successors assert any claim in contravention of this agreement, I or my successors shall be liable for the expenses (including legal fees) incurred by the other party or parties in defending against such a claim unless they are found liable for willful and wanton negligence. This document contains the entire agreement between the parties and if any term of provision of this agreement is found invalid or unenforceable, the remaining terms and provisions of this agreement shall remain binding and enforceable.

I acknowledge that I am 18 years of age or older, and that I have read and understand the contents of this document.

Date: _____

(Signature)



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If you are under 18 years of age, a parent or legal guardian must read and sign the above waiver, complete the following section and sign below where indicated:

I, _____ (print name), the undersigned, am the parent and/or legal guardian of _____ (Minor's Name). I hereby acknowledge that I have read the foregoing waiver for and on behalf of the minor named herein and hereby bind myself, the minor and our successors to the terms of the foregoing waiver. I represent that I have the legal capacity and authority to act for and on the behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned above for any claims made or liability assessed against any of them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor named herein.

Date: _____

(Print Parent/Guardian Signature)