

FAT FROGS

TRIATHLON

Fat Frogs Tri provides group triathlon coaching and training to multi-sport athletes of all ages & abilities.

Let our USAT certified coaches help develop, strengthen, and improve all of your triathlon disciplines: swim, bike and run. Our coaches' certifications include USAT, ASCA, USTF, USAC, USA Swimming, and RRCA running.

From beginners to advanced competitive athletes, we create a team atmosphere complete with a fun and supportive environment.

FFT is committed to the education of triathlon, promotion of safe training, and helping individuals reach their goals within multi-sport.

Monthly seminars or clinics presented by guest professional speakers and coaches are provided to compliment any training plan. Topics may include nutrition, body mechanics, recovery, race disciplines, and much more.

Training schedule:

Swim: Sunday 11:00-12:30

Run: Tuesday 6pm (Various locations; Tracks, Oak Grove Park and Mt. Trashmore when the days get longer)

Bike: Thursday 6:00pm at GBSRC (Spin during winter)
Thursday 6:00pm Outside as daylight starts to allow

Long Rides/Run: Saturday long runs until end of March
Alternating bike & run every other Saturday beginning April
Various training distances for short & long course

Swim will be on Sunday's from 11:00 to 12:30pm at the Great Bridge Swim & Racquet Club. When open water is warm enough, we will be training at a local lake, then transitioning to swims at the Virginia Beach bay. These swim times may be shifted during the summer.

Training times may vary slightly to accommodate venue, weather, training schedule & other extenuating circumstances



Fee schedule:

\$25.00 One time charge. This fee will cover the team's administrative fees, insurance and team t-shirt.

\$100 Monthly team dues, per person.

The dues will cover our pool rental, coaching, cycling, running & swimming equipment, bike & running clinics, team insurance, & coaching fees.

We will not be able to pro-rate any dues for missed sessions.

Registration form and waiver must be filled out before you attend your first workout.

Monthly dues are invoiced by email on the 1st of each month & are due within 7 days. Payment can be made online via the invoice or a check made out to "Fat Frogs Tri". Cash payments are not accepted.

One on one training options:

\$100 a month* Personal Triathlon Coaching: Professional and personalized coaching programs built around you and your triathlon ambitions.

Monthly dues are NOT included in these dues for FFT team members

\$150 a month* Personal Triathlon Coaching for those not participating in weekly workouts and require additional personal coaching.

*Training Peaks Premium is required for this plan

Ala Carte

\$40 Per 1 Hr session One on one swim coaching.

\$40 Per 1 Hr session One on one bike coaching

\$40 Per 1 Hr session One on one run coaching

Your Coaches

Walt Gonzales – Head Coach

- USAT Level 1 Coach
- USAC Level 2 Coach
- RRCA Running Coach
- Nutrition Consultant

Jonathan Harris – Head Coach

- USAT Level 1 Coach
- USAC Level 3 Coach
- USATF Level 1 Running Coach
- RRCA Running Coach
- AFAA Personal Trainer
- TRX Master Trainer
- Newton Natural Form Level 2 Coach

Scott Taber – Assistant Coach

- USAT Level 1 Coach
- RRCA Running Coach
- USA Cycling Level 3 Coach
- Cross-Fit Endurance Level 1

Chris Hepp – Assistant Coach

- ASCA Level 2 Swimming Coach

Contact info:

Team main – fatfrogstri@gmail.com

Walt – waltgonz@gmail.com

Jonathan – jonathanharris22@gmail.com

Scott – bigguytriinc@gmail.com

Chris – Christopher.l.hepp@gmail.com

Team Expectations

To keep the Fat Frogs Triathlon Team cohesive, void of drama, and maintain the integrity of the business there are some expectations that must be upheld.

- Fat Frogs Tri is a company, so that all logos are trademarked and may only be used and replicated by the owners, unless otherwise authorized.
- As an athlete of Fat Frogs Tri, it is in your best interest to make your coaches aware of any external sources you may be using in supplementation for your training; ie online training plans, medical attention, ie. physical therapy
- Communicate to your coaches of any concerns you may have. Do not use other athletes as your voice or vent. We cannot fix what we are not aware of.
- Athletes under FFT cannot be coached by any other means outside of the team, ie. Non-FFT coaches, online, etc.
- Athletes must participate in scheduled/assigned workouts when showing up for practice. Do not distract teammates or coaches by doing your own workout.
- Participation in team scheduled races is not mandatory, but is highly recommended. Coaches plan training workouts based on periodization of races. Involvement in other races outside of the schedule (dependent of race) disrupts not only the workout plan & your teammates, but also impedes on your proper personal training.
- Manage your family. Ensure your family members are conscious of how much training time, equipment & racing funds are expected during the course of the year of triathlon.
- Update Training Peaks for your One-on-One coaches so we can keep on top of your workouts, status, & health.
- No one shall use non-Fat Frogs social media for club functions. Training schedules, plans and workouts are not to be shared.
- Use of Facebook, Twitter, Instagram Fat Frog pages are to be kept professional. Avoid posting incriminating or false statements or photos.
- No use of Facebook, Twitter, or other social media in the name of FFT. Only Fat Frogs Tri, LLC can initiate these pages.
- Two weeks notice required to terminate membership from team.
- One month notice required to terminate One on One coaching.
- Coaches have the right to release athletes from FFT if expectations are not met.

FAT FROGS

TRIATHLON

2017 Team Application

Personal Information

Name Last: _____ First: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Information

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Point of Contact

Name: _____ Relationship: _____

Phone: _____

Racing Information

Birthdate: _____ Racing Age: _____

USAT License #: _____ Expiration Date: _____

Signature: _____ Date: _____

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Required Waiver - General

Waiver: In consideration of being permitted to participate in any way in TRIATHLON RELATED ACTIVITIES, hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue, FAT FROG TRIATHLON, "The Company,"** its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Indemnification and Hold Harmless: I also agree to **INDEMNIFY AND HOLD** The Company **HARMLESS** from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Activity and to reimburse The Company for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Virginia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Participant	Print Name of Participant	Date	Age (if Minor)
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Signature of Parent/Guardian of Participant if Minor	Date
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Print Name of Parent/Guardian of Participant if Minor

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Lake & Open Water Swim Required Waiver

Waiver: In consideration of being permitted to participate in any way in TRIATHLON RELATED ACTIVITIES, hereinafter called "The Activity", I, for myself, my heirs, personal representative or assigns, **do hereby release, waive, discharge, and covenant not to sue**, FAT FROG TRIATHLON, LLC or Mr. Walter & Megan Gonzales, Mr Jeff & Karen Wuertz , "The Company," its officers, employees, and agents from liability **from any and all claims** resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, Participation in The Activity.

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Signature of Participant Print Name of Participant Date Age (if Minor)

Signature of Parent/Guardian of Participant if Minor Date

Print Name of Parent/Guardian of Participant if Minor

FAT FROGS TRI TEAM PHOTO/SOCIAL MEDIA CONSENT FORM / RELEASE

I, (print name) _____, hereby grant permission to Fat Frogs Tri Team, to take and use: photographs and/or digital images of me for use in news releases, educational materials, and marketing materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s).

I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of FAT FROGS TRI TEAM.

_____ (Date)

_____ (Signature of adult subject)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Fat Frogs Tri Team, to take and use: photographs and/or digital images of me for use in news releases, educational materials, and marketing materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s).

_____ (Date)

_____ (Signature of Parent or Guardian)

Physical Activity Readiness Questionnaire (Par-Q)

Name _____

Date of
Birth _____

Phone _____

For most people physical activity should not pose any problem or hazard. The Par-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these questions. Please read them carefully and check **YES** or **NO** if it applies to you. If a question is answered with **YES**, ***please use the available space to explain your answer and give additional details.***

1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? **YES** **NO**
2. Do you feel pain in your chest when you do physical activity? **YES** **NO**
3. In the past month, have you had chest pain when you were not doing physical activity? **YES** **NO**
4. Do you lose your balance because of dizziness or do you ever lose consciousness? **YES** **NO**

5. Do you have a bone or joint problem that could be made worse by a YES NO
change in your physical activity?
6. Is your doctor currently prescribing drugs (for example, water pills) YES NO
for your blood pressure or heart condition?
7. Do you know of any other reason why you should not do physical YES NO
activity?
8. Do you currently participate in any regular activity program designed YES NO
to improve or maintain your physical fitness.

If yes, what activity program do you participate
in?

Medical History

Cardiovascular Disease Risk Factor

Has a doctor or health professional ever told you that you have any of the following conditions?

- Heart Disease
- Family history of heart disease
- High Blood Pressure
- High Cholesterol
- Obesity
- Lack of physical activity
- Diabetes
- Impaired fasting glucose
- High HDL (negative risk factor)

Do you have any of the following?

- Back Pain
- Joint, tendon, or muscular pain
- Lung disease (asthma, emphysema, etc.)

Please explain:

Medication Use

Are you currently taking any of the following medications:

- Blood Pressure Medication
- Cholesterol Medication
- Blood Sugar Medication
- Heart Medication
- Other Medication(s).

Please list:

Which best describes your current smoking status?

- I have NEVER smoked or quit more than 6 months ago?
- I CURRENTLY smoke or quit within the last 6 months.

Overall State of Health

How would you rate your overall state of health?

- Poor Good
- Fair Excellent

**RELEASE FORM FOR PARTICIPATION
IN A FAT FROGS HEALTH FITNESS PROGRAM**

I hereby request the opportunity to participate in a test and exercise program consisting of physical exercise designed to improve cardiovascular efficiency, and develop muscular strength and endurance. I hereby acknowledge that my participation in such program is entirely voluntary on my part.

It is possible that certain unhealthy changes may occur during exercise (e.g., dizziness/fainting, abnormal heart rhythms, and in rare instances, heart attacks). I hereby accept all risks of such changes. The information which is obtained through this program will be confidential and become a part of my Fat Frogs medical records. The data obtained, however, may be used for statistical purposes.

In consideration of acceptance of my participation in such program, I hereby release Fat Frogs Triathlon Team and all officers, directors, and employees of any of the foregoing for liability for any injury or damage sustained by me while participating in such a program.

(Sign Name)

(Date)

(Print Name)

(last 4 digits of social security
number)