



# NIRSA Triventure Institute

November 6-November 8, 2019 • San Diego, California

## About You

Please use this form with Adobe Acrobat Reader. <https://get.adobe.com/reader/>

Last Name

First Name

AS YOU WOULD LIKE IT TO APPEAR ON YOUR NAME BADGE

Title

Institution/Company

Business Mailing Address

City

State/Province

Zip/Postal

Day Phone

Fax

Email

### Share my email

It's okay to share my email address with Associate Members/Nonmembers who are also attending this event.

### Do you need any ability accommodations?

If so, someone from the Host Committee will follow up with you.

### Dietary restrictions

A NIRSA Headquarters representative will follow up with you regarding your request.

Gluten Free    Vegetarian    Vegan    Food Allergies

## Track Options Please select a track that best describes your educational focus.

Aquatics    Facilities    Fitness    Health & Wellbeing

## Registration Options for Exhibitors

The early bird rate applies until September 25, 2019

One Associate Member w/table top exhibit	\$915 / \$985
One Nonmember w/table top exhibit	\$1180 / \$1250
One Associate Member (exhibiting only)	\$555 / \$625
One Nonmember (exhibiting only)	\$815 / \$885
Additional Associate Member	\$240 / \$310
Additional Nonmember	\$340 / \$410

The term "member" refers to those with a current NIRSA membership both at the time of registration and throughout the event.

## Other Options

Electricity	\$50
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Register online: [www.nirsa.org/triventure](http://www.nirsa.org/triventure)

Register by email: [billing@nirsa.org](mailto:billing@nirsa.org)

Fax this form with credit card information: 541-766-8284

Mail with payment: NIRSA Headquarters  
4185 SW Research Way  
Corvallis, OR 97333-1067

For more information, contact [nirsa.education@nirsa.org](mailto:nirsa.education@nirsa.org)

### What's Next?

Orders submitted by fax or mail will take 2-3 business days to process and will be handled on a first-come, first-served basis.

Preconference Events: November 5 | Details at nirsa.org/triventure

The early bird rate applies until September 25, 2019. These events are only for registered attendees.

* <b>Facility Tour</b> Noon-5:00pm San Diego State University (both recreation & athletic facilities) and the Joan & Ray Kroc Center.	Member	\$35/\$45
	Nonmember	\$45/\$55
* <b>Stand-up Paddleboard at Mission Bay Aquatic Center</b> 1:00pm-4:00pm Transportation to the Mission Bay Aquatic Center is not provided; please arrive onsite by 1:00pm.	Member	\$30/\$35
	Nonmember	\$40/\$45

\* These events have maximum capacities

Facility Tours | Details at nirsa.org/triventure

Tours are free for attendees. Please select the tour(s) you plan to attend.

<b>Facility Tour Day 1</b> 12:15pm-5:00pm University of San Diego and Southwestern College. Lunch will be provided.	Wednesday November 6, 2019	Free
<b>Facility Tour Day 2</b> 11:00am-3:15pm University of California – San Diego and Fit Athletic – Mission Bay. Lunch will be provided.	Friday November 8, 2019	Free

Payment | Balance must be paid in full before registration can be processed.

Total Due: \$ \_\_\_\_\_ Coupon Code \_\_\_\_\_

Payment Options: Credit Card PO/Check#

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_

**Additional Card.** I would like to use a second card for a portion of the total.

Amount on 2nd card: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_

Please Sign | Waiver of Liability, Assumption of Risk, and Indemnity Agreement

**Waiver:** In consideration of being permitted to participate in any way in the NIRSA Triventure Institute and associated events, hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue, NIRSA, NIRSA Services Corporation, NIRSA Foundation, or their officers, employees, and agents from liability (collectively "NIRSA") from any and all claims including the negligence of NIRSA, its officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity. I further agree to waive the protection afforded by any statute or law in any jurisdiction (e.g. Calif. Civil Code §1542) whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.

**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 may include, but are not limited to (1) minor injuries such as scratches, bruises, and sprains to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to (3) catastrophic injuries including paralysis and death. (4) The unavailability of emergency medical care; and (5) the negligent or deliberate act of another person;

*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, and also assume the risk of the unavailability of emergency medical care or the negligent or deliberate act of another person.*

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD NIRSA 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 them for any such expenses incurred, and including damages which are caused by the negligence of third parties).

**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 California 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.*

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_