

Membership Application for the Rivers City Runners

NAME: _____

AGE _____ SEX _____ DATE OF BIRTH _____

PHONE # HOME _____ WORK _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL _____

MEMBERSHIP DUES \$10.00 PER MEMBER
 \$15.00 PER FAMILY

LIST FAMILY MEMBERS _____

MEMBERSHIP APPLICATION WAIVER

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing the facts, and in consideration of your acceptance of my application for membership, I for myself and anyone entitled to act in my behalf, waive and release the Road Runners Club of America, the River City Runners and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named on this waiver.

(For insurance purposes, each member must sign waiver.)

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

MAIL TO: **RIVER CITY RUNNERS**
P.O. BOX 2343
DECATUR, AL 35602