

## **APPLICATION FORM**

Name: \_\_\_\_\_ New:\_\_\_\_\_ Renewal:\_\_\_\_\_

Address:\_\_\_\_\_ Individual Membership - \$15.00

\_\_\_\_\_ Family Membership - \$20.00

Age: \_\_\_\_\_ Date of Birth:\_\_\_\_\_ Sex:\_\_\_\_\_ Phone:(\_\_\_\_)\_\_\_\_\_

E-mail: \_\_\_\_\_

WAIVER: I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter or run in club activities unless I am medically able and properly trained. I agree to abide by the decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and/or humidity, the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these 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 though that liability may arise out of the negligence or carelessness on the part of the persons named in this waiver.

Signature: \_\_\_\_\_

(Parent's signature if under 18 years old)

Please mail check & copy of this application form to:  
Lancaster Road Runners Club, P.O. Box 7172, Lancaster, PA 17604

- OR -

Do it Electronically:  
Mail check to above address and e-mail member info to: [Irrclub@yahoo.com](mailto:Irrclub@yahoo.com)