



2017 MEMBERSHIP/RENEWAL APPLICATION

The membership year is from today to December 31, 2017.

MEMBER NAME: _____ Birthdate: _____

SPOUSE/PARTNER NAME (if joining): _____ Birthdate: _____

CHILDREN'S NAME(S) AND BIRTHDATES(s) (if joining): _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL _____

(Only include number you wish us to use to contact you)

HOME PH. _____ WORK PH. _____ CELL _____

In consideration of you accepting this membership, I, the member, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Athens Road Runners Club, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after participating in the club. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I certify as a material condition to my being permitted to join this club that I am physically fit and sufficiently trained for participation in club events and that my physical condition has been verified by a licensed Medical Doctor. By submitting this membership form, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver. By checking this box and signing below, I agree to the waiver and that I am 18 or older, or that I have the authority to register these members and agree to the waiver for them.

_____ Signature Date

MEMBERSHIP TYPES: CIRCLE ONE

Student - \$15.00

Individual - \$35.00

Couple - \$50.00

Family - \$60.00

Please make checks payable to "Athens Road Runners"

AMOUNT ENCLOSED _____

Please fill out the Membership Application/Renewal form and return it with the appropriate amount to:

Athens Road Runners, P. O. Box 175,

Athens, GA 30603 Questions?

Contact info@athensrr.org