



Starved Rock Runners, Ltd.

Membership Application

Complete all appropriate spaces, sign and mail to: P.O Box 1092, La Salle, IL 61301-3092

MAKE CHECKS PAYABLE TO: STARVED ROCK RUNNERS, LTD.



PLEASE PRINT

NAME: _____

NEW MEMBERSHIP

RENEWAL

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

EMAIL: _____ DATE OF BIRTH: ____/____/____ MALE FEMALE

OCCUPATION: _____

FEES: STUDENT (19 & UNDER): \$10 INDIVIDUAL: \$20 COUPLE: \$30 FAMILY: \$35

Please complete for couples and family membership:

DATE OF BIRTH:

Partner _____

____/____/____

MALE FEMALE

Dependent _____

____/____/____

MALE FEMALE

Dependent _____

____/____/____

MALE FEMALE

Dependent _____

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MALE FEMALE

Dependent _____

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MALE FEMALE

Dependent _____

____/____/____

MALE FEMALE

Dependent _____

____/____/____

MALE FEMALE

LIABILITY WAIVER

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

SIGNATURE(S) OF MEMBERS (GUARDIANS IF UNDER 18)

DATE

_____ / /

_____ / /