TRI-CITIES ROAD RUNNERS

MEMBERSHIP (NEW/RENEWAL) APPLICATION

TRI-CITIES ROAD RUNNERS is a club for all runners and walkers, whatever your level of ability. Membership will entitle you to our newsletter ***(The Pacesetter)***, and the opportunity to enjoy and participate in a number of **TCRR** activities and events. Our website address is www.tricitiesroadrunners.org .

(PLEASE PRINT)

NAME _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NO.(s) _____BIRTHDATE ____/__/____

EMAIL ADDRESS _____

DID SOMEBODY REFER YOU? IF SO, PLEASE GIVE US THEIR NAME _____

MEMBERSHIP STATUS (NEW OR RENEWAL) _____

MEMBERSHIP FEES (CHECK ONE): $15.00 (REGULAR) _____ $18.00 (FAMILY) _____

$6.00 (STUDENT, K-12) _____ $10.00 (SENIOR, 55+) _____

If you are applying for a family membership, please list name, sex, and birthdate of each family member. The other fields are optional.

NAME	SEX	BIRTHDATE	CELL PHONE #	E-MAIL ADDRESS
		(___)____/____/____		
		(___)____/____/____		
		(___)____/____/____		
		(___)____/____/____		

To make our club more successful and to continue having quality running events, we need everybody's help!! Please check any of the following activities for which you would like to volunteer:

NEWSLETTER: _____ PUBLICITY: _____ RACES: _____ SOCIAL: _____ OTHER: _____

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 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 these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Tri-Cities Road Runners Club 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 in this waiver.

SIGNATURE _____ DATE _____

_____DATE _____

PARENT'S SIGNATURE IF APPLICANT IS UNDER 18 YEARS OF AGE

Please send this application and check (made payable to the **TRI-CITIES ROAD RUNNERS** or **TCRR**) to:
Megan Truong, TCRR Membership Chair, PO Box 3512, Chester, VA 23831. **THANKS**

1/19/15