

Indiana Road Runner Club Membership Application

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ E-mail _____

Spouse/Partner/Significant Other _____

Additional Family Members _____

Annual Membership Fee: \$15.00 Per Household Amount Enclosed _____

Mail to: John Swauger, Treasurer, 522 Locust Street, Indiana, PA 15701

Please read, sign and date the following waiver:

I agree that I am a member of this club, and I know that running in and volunteering for organized group runs, social events, and races with this club are potentially hazardous activities, which could cause injury or death. I will not participate in any club organized events, group training runs or social events, unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform all activities associated with the club and am in good health, and I am properly trained. I agree to abide by all rules established by the club, including the right of any official to deny or suspend my participation for any reason whatsoever.

I assume all risks associated with being a member of this club and participating in club activities which may include: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed to be used in club organized activities and I agree to abide by this rule.

By my signature, I agree to this waiver and that I am 18 or older, and that I have the authority to register these members and agree to the waiver for them.

Signature _____ Date _____