



MEMBERSHIP APPLICATION FULMONT ROADRUNNERS CLUB, INC.

Name _____ Sex _____ Age _____

City _____ State _____ Zip _____

DOB _____ Telephone _____ E-Mail _____

Circle type of membership: Individual (\$14), Couple (\$17), Family (\$19), Student (\$6)

Names and birth dates of other runners in family/couple memberships: _____

Club Membership Application Waiver

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and participate 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 club runs. 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 the 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 Fulmont Roadrunners Club, the Road Runners Club of America, and all sponsors, their representatives, and successors from all claims or 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 representatives of organizations named in this waiver.

Signature _____ Date _____

Parent's signature (if under 18 years of age) _____

**Mail completed application with check or money order payable to the FMRRC to:
Jane Constantine, 19 Mathias Avenue, Amsterdam, NY 12010**

