



New _____

Renewal _____

MEMBERSHIP APPLICATION & WAIVER

Contact Name: _____

Dues:

Phone: (Home) _____ (Work) _____

Individual \$18.00 _____

Address: _____

Family \$28.00 _____

City: _____ **State:** _____ **Zip:** _____

Student \$ 5.00 _____

Email Address: _____ Must have Email address!

Please complete for each runner applying for membership:

Name: _____ Birth date: _____ Sex: male/female(please circle)

Name: _____ Birth date: _____ Sex: male/female

Name: _____ Birth date: _____ Sex: male/female

Name: _____ Birth date: _____ Sex: male/female

Name: _____ Birth date: _____ Sex: male/female

Note: All adult members must sign and consent to the following waiver upon application for membership. In the case of a family membership a parent's signature will also be on behalf of any family members under age of 18.

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, fall, 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 Spartanburg Running Club and its officers and agents, all sponsors, their representatives and successors including the Road Runners Club of America, its officers, directors, agents and employees, 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 _____

Spouse's Signature (if family membership) _____ Date _____

Send to: Spartanburg Running Club
PO Box 702
Spartanburg, SC 29304

Website: www.spartanburgrunningclub.com