

GRC Membership Application for WRS 2011



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

(Email is our main way to communicate information to the group. Please print very legibly)

Other Family Members Joining: _____

Membership Rates *(check one)*:

Individual: Included in Running School Dues

Family Membership: Add \$5.00 (Total cost \$70 for the school & family membership)

Se habla español: 336- 209-1665

Greensboro Running Club Membership good through 12-31-2011

MEMBERSHIP APPLICATION WAIVER

The following waiver MUST BE SIGNED BY NEW AND RENEWING MEMBERS for the application to be processed.

I know that running and volunteering at club events and races are potentially hazardous activities. I should not be involved in club activities unless I am medically able and properly trained. I agree to abide by any decision of a club volunteer relative to my ability to safely complete the run or event. I assume all risks associated with running and volunteering in club activities including, but not limited to, falls, contact with other participants, the effects of the weather, including high and/or humidity, the conditions of the road and traffic on any 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 and the Greensboro Running Club, all sponsors their representatives and successors from all claims and liabilities of any kind arising out of my participation in these club activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of club activities for any legitimate purpose.

Primary Member Signature: _____ Date: _____

Signature Of Other Family Members: _____ Date: _____

Parents Signature If Under 18 Years: _____ Date: _____

IMPORTANT INFORMATION

Make Checks Payable To:

Greensboro Running Club

Mail To:

Greensboro Running Club

P.O. Box 2518

Greensboro , NC 27402-2518