



Albuquerque Road Runners Club

Membership, Renewal, or Change of Address

NAME _____

AGE _____ GENDER (circle) M F

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE _____ EMAIL _____

EMAIL _____

CHECK ONE: RENEWAL NEW MEMBER CHANGE OF ADDRESS

The Club Newsletter is sent electronically to the email address(es) supplied above.

MEMBERSHIP DUES (circle one) \$15 – Individual \$20 – Family \$10 – Full Time Student

**(List additional names below)*

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 a 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 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, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Albuquerque Road Runners Club, and all sponsors, their representatives and successors, from all claims or liabilities of any kind ensuing 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 or entities named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this or any other event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, rollerblades, animals, and headsets such as iPods and MP3 players are not allowed in any race, and I will abide by this guideline.

SIGNATURE _____

(Parent or Guardian must sign for minor child)

DATE _____

* For Family membership, list names of family members below:

NAME _____ AGE _____ GENDER: M F

NAME _____ AGE _____ GENDER: M F

NAME _____ AGE _____ GENDER: M F

NAME _____ AGE _____ GENDER: M F

NAME _____ AGE _____ GENDER: M F