

SUB5 TRACK CLUB
MEMBERSHIP APPLICATION
www.sub5.com

Dues paid cover membership through December of the current year. Dues paid after October 1st cover membership through December of the following year. Mail to: Sub5 Track Club PO Box 63, Brewer, ME 04412.

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Membership Fee \$20 (Includes Family) High School Student or Full Time College Student \$10

New Member/Family **Returning Member/Family** **Student**

Name _____ **PO Box/Street Address:** _____

City: _____ **State:** _____ **ZIP:** _____ **Phone:** _____

Email: _____ **M/F:** _____ **Age:** _____

Your contact information may be shared with other Sub5 club members for notifications of group runs and other running and club-related activities. Check this box if you would like for your contact information to not be shared.

Please include the names and ages of other family members:

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Name: _____ **Age:** _____

Help your club to save money to be directed towards scholarships, races, etc. Check here to opt out of receiving a printed copy of the Sub5 quarterly newsletter. Newsletters are always posted on line!

Participant/Volunteer Waiver: (Applicants under the age of 18 also require a parent's signature.)

I know that volunteering and participating in Sub5 Track Club events is potentially a dangerous activity. I should not participate or volunteer unless I am medically able. I assume all risks associated with participating in or volunteering at Sub5 Track Club events, including, but not limited to, falls, contact with participants, the effects of the weather, conditions on the road and traffic on the course, all risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself, and anyone entitle on my behalf, waive and release the Sub5 Track Club, it's representatives and successors from all claims or liabilities of any kind arising out of my participation in Sub5 Track Club activities even though liability may arise out of negligence or carelessness on the part of persons named in this waiver.

Signature _____ **Date:** _____

Signatures of others included in the Family Membership:

_____ **Date:** _____

_____ **Date:** _____

