



APPLICATION
DATE:

MEMBERSHIP/RENEWAL APPLICATION

The membership year is from January 1 to December 31. New memberships started between October 1 and December 31 are valid for the following year.

PRIMARY MEMBER NAME: _____ BIRTHDAY: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

HOME PH. _____ WORK PH. _____ CELL _____

MEMBERSHIP TYPES:

Student - \$15.00 Individual - \$35.00 Couple - \$50.00 Family (4 members) - \$60.00

Couple and Family Membership additional members should be listed on the back of this membership/renewal application.

WAIVER:

In consideration of you accepting this membership, I, the member, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against Athens Road Runners Club, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after participating in the club. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I certify as a material condition to my being permitted to join this club that I am physically fit and sufficiently trained for participation in club events and that my physical condition has been verified by a licensed Medical Doctor. By submitting this membership form, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

By checking this box and signing below, I agree to the waiver and that I am 18 or older, or that I have the authority to register these members and agree to the waiver for them.

Signature _____ Date _____

Please make checks payable to "Athens Road Runners"

PAYMENT TYPE _____ AMOUNT ENCLOSED _____

Complete Membership Application/Renewal form should be submitted with the appropriate amount to:

Athens Road Runners, P. O. Box 175, Athens, GA 30603

Questions? Contact info@athensrr.org

ADDITIONAL MEMBERS:

1. MEMBER NAME: _____ BIRTHDAY: _____

RELATION TO PRIMARY MEMBER: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

HOME PH. _____ WORK PH. _____ CELL _____

2. MEMBER NAME: _____ BIRTHDAY: _____

RELATION TO PRIMARY MEMBER: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

HOME PH. _____ WORK PH. _____ CELL _____

3. MEMBER NAME: _____ BIRTHDAY: _____

RELATION TO PRIMARY MEMBER: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ E-MAIL _____

HOME PH. _____ WORK PH. _____ CELL _____