



# RIVER REGION RUNNERS (R3) MEMBERSHIP FORM

[www.riverregionrunners.org](http://www.riverregionrunners.org)

- Complete entire form by **PRINTING** information legibly
- Read, sign and date the membership waiver below
- Yearly membership will expire December 31<sup>st</sup> of each year
- Annual dues: \$15 Single Membership; \$20 Family Membership
- Make check payable to: *River Region Runners*
- Mail form and check to: **River Region Runners MEMBERSHIP**  
P.O. Box 241533  
Montgomery, AL 36124
- For membership questions or to join the R3 members-only Facebook page please contact [mccary.steve@gmail.com](mailto:mccary.steve@gmail.com)
- Or sign up online at: <https://runsignup.com/Club/AL/Montgomery/RiverRegionRunners>

(Check One): New Member\_\_Renewal\_\_

(Check One): Single Membership\_\_ Family Membership\_\_

NAME\_\_\_\_\_Male\_\_ Female\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_STATE\_\_ZIP\_\_\_\_\_

HOME PHONE\_\_\_\_\_WORK PHONE\_\_\_\_\_

E-MAIL\_\_\_\_\_DOB\_\_\_\_\_

(For family membership) Additional Names

\_\_\_\_\_

MEMBERSHIP WAIVER: I KNOW THAT RUNNING AND VOLUNTEERING TO WORK IN CLUB RACES ARE POTENTIALLY HAZARDOUS ACTIVITIES. I SHOULD NOT ENTER AND RUN AND/OR VOLUNTEER 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 AND/OR VOLUNTEER. I ALSO AGREE THAT I MAY BE EXAMINED AND TREATED, IF NECESSARY, DURING THE COURSE OF A RACE, BY QUALIFIED RACE PERSONNEL, IN THE EVENT MEDICAL PROBLEMS OF ANY CAUSE ARISE. THE RACE OFFICIALS OR QUALIFIED PERSONNEL HAVE THE RIGHT TO DISQUALIFY ME AND REMOVE ME FROM THE RACE, IF, IN THEIR OPINION, I MAY BE SUFFERING FROM A LIFE-THREATENING CONDITION. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN, AND VOLUNTEERING FOR RACES, INCLUDING, BUT NOT LIMITED TO, FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF 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 RIVER REGION RUNNERS CLUB MEMBERSHIP, PARTICIPATING IN RACES, AND/OR MY VOLUNTEERING, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE RIVER REGION RUNNERS 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 EVENTS, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THE PERSONS NAMED IN THIS WAIVER.

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_

(If family membership, all adults sign)

(Parent or guardian signature if under 18)

SIGNATURE\_\_\_\_\_DATE\_\_\_\_\_