DCRRC MEMBERSHIP RENEWAL

Member Information: (Please make changes or additions to the information below)

Mailing Address:

Members:

Name	DOB	Gender

Contact Information:

Name	Type	Contact

Contact Types:

Home Phone
Work Phone
Cell Phone
Fax
Email
Other

Membership Information:

Join Date: **Expiration Date:**

Membership Type	Membership Fee Due	+	Contribution*	=	Total
	$	+	$	=	$

Membership Types:

Individuals.....$12.00
Families.....$17.00
Full-time Students....$7.00

***** Contributions above regular fees are tax deductible. Contributions of **$13** or more for **Individuals** or **$18** or more for **Families (*above regular fees*)** entitle members to waive entry fee for all $1.00 races.

Do you want your name/city/home phone # and email to be listed in a Club directory? ☐ Yes ☐ No

Volunteer:

We encourage all members to volunteer in at least one of the following areas
(see www.dcroadrunners.org for more information on the club):

☐ Races ☐ Social Activities ☐ Education ☐ Coaching
☐ Newsletter ☐ Website ☐ Welcome Wagon ☐ Education/clinics

Other/Comments_____

IMPORTANT – MEMBERSHIP WAIVER

The following waiver is required for our liability insurance coverage. It must be signed by all adults covered by this membership, and the parent or guardian of any minor children in the membership must sign on their behalf.

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 the 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 for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the DC Road Runners Club, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising 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 named in this waiver.

I am signing this waiver as parent or guardian on behalf of the minor(s) named above. I agree to be responsible for the conduct and safety of the minor(s), and I recognize and assume the risks described above on behalf of those minor(s).

_____
Signature, Member #1 Date

_____
Signature, Member #2 Date

_____
Signature of Parent or Guardian (for members under 18)

Return form and check to:
DC ROAD RUNNERS CLUB, PO BOX 1352, ARLINGTON, VA 22210