



MEMBERSHIP FORM

CONTACT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL #1: _____

EMAIL #2: _____

PHONE: _____ DOB _____ M F

FAMILY MEMBERS:

_____ DOB _____ M F

_____ DOB _____ M F

_____ DOB _____ M F

_____ DOB _____ M F

- Individual Membership.
- Family Membership and include immediate family members, including dependent children through college age
 Number of Member Runners: _____
- I am a new member. I am a renewing member.

**Please mail to: Itasca Runners Club, P.O. Box 973, Itasca, IL 60143-0973
 (Membership is free)**

ITASCA RUNNERS CLUB MEMBERSHIP APPLICATION WAIVER

I know that running/working in club races and fun runs are potentially hazardous activities. I should only participate in club activities if I am medically able and properly trained. I agree to abide by any decision of a race official regarding my ability to safely complete the run. I assume all risks associated with working and volunteering in club 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, any other such risks being known and acknowledged by me. I, having read this waiver, 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 Itasca Runners Club, their representatives and successors, from all claims of liability arising out of my participation in club events even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

 SIGNATURE

 DATE

