

# Rockland Road Runners

## Membership Application ( \* = required field )

* First Name:		
* Last Name:		
* Date of Birth (mm/ dd/ yyyy):		
* Gender:		
* Address:		
Address Line 2:		
* City:	* State:	
* Zip Code:		
Country (if not USA):		
* Home Phone:		
Daytime Phone:		
* E-mail Address:		
Referred by (if any):		
[Enter RRR Member # (if known) and name of person you were referred by.]		
* Type of Membership:	<input type="checkbox"/> New <input type="checkbox"/> Renewal	
<b>1 Year Membership</b>	<b>2 Year Membership</b>	<b>5 Year Membership</b>
<input type="checkbox"/> Individual (\$25)	<input type="checkbox"/> Individual (\$45)	<input type="checkbox"/> Individual (\$95)
<input type="checkbox"/> Family/Couple (\$40)	<input type="checkbox"/> Family/Couple (\$65)	<input type="checkbox"/> Family/Couple (\$125)
<input type="checkbox"/> Junior-Under 18 (\$15)		
<input type="checkbox"/> Senior-Over 62 (\$15)	<input type="checkbox"/> Senior-Over 62 (\$30)	<input type="checkbox"/> Senior-Over 62 (\$60)
Family membership includes all children under 18 living in the same household. Please list additional family members: Name: _____ Age: _____		
<b>WAIVER MUST BE ACCEPTED</b>		
<p>I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter 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 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 Rockland 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.</p>		
Signature of member(s):	Date:	
Signature of parent of guardian if under 18:	Date:	

**Mail to: RRR Membership, Box 132, Congers, NY 10920**