

2010 Membership Application Form



Please mail your signed copy of this form along with your payment to:

South Riding Running Club
c/o Alison Gittelman
42663 Freedom St.
South Riding, VA 20152

Please direct all questions to srrunner@srrunners.org.

Last Name: _____ First Name: _____ MI _____

Address: _____

Telephone: _____

Email: _____

Referred by: _____

Membership Category:

Family: 1 year—\$35 (\$33 before 12/31/09)
 2 years—\$65 (\$60 before 12/31/09)

Individual: 1 Year—\$25 (\$22 before 12/31/09)
 2 Years—\$45 (\$40 before 12/31/09)

Names _____ D.O.B. _____



If you selected "Family" membership, please include the names and dates of birth of those you wish to include in your membership.

Amount Enclosed: _____ (Checks payable to South Riding Running Club. No cash)

Waiver

I know that running is a potentially hazardous activity. I should not participate in club activities unless I am medically able and properly trained. I assume all risks associated with running including, but not limited to, falls, contact with other participants, the effects of weather--this includes but is not limited to high heat and/or humidity, extreme cold, rain, and otherwise inclement conditions--and road and traffic conditions on any route. I appreciate and accept all these risks as well as any unforeseen or undisclosed. I also realize that South Riding Running Club events and activities may be particularly arduous and can be held anywhere from local tracks and roads to remote locations far from medical help with rough footing and many dangers. 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 South Riding Running Club, Ashburn Running Society, 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. Bottom line: If I get hurt, it is my own fault for doing such things in the first place.

Signature

Date

Printed Name