



## RENEWAL & NEW MEMBER APPLICATION

\_\_\_\_\_ **Renewal**

\_\_\_\_\_ **New Member Application**

\_\_\_\_\_ **Name & Address Changes**

**Indicated Below**

**Annual Dues (Check the one that applies)**

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\_\_\_\_\_ **Individual Membership \$25**

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\_\_\_\_\_ **Family Membership \$40**

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**Pro-rated dues for joining after June 30th of current year.**

\_\_\_\_\_ **Individual Membership \$15**

\_\_\_\_\_ **Family Membership \$25**

\_\_\_\_\_ **\$ Total Amount Owed (You may pay dues for multiple years if you wish.)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Birth Date (mm/dd/yyyy):** \_\_\_\_\_ **PA/USATF #:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

*(Please attach name, birthdate, and gender for all family members who are joining.)*

### Club Membership Application Waiver

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 River City Rebels Running Club, USATF, 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.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Mail application & check to: River City Rebels, P.O. Box 189667, Sacramento, CA 95818**