

Tri- City Track Club Membership Form

Name: _____ Date: _____

Age: _____ Sex: M/F Birthdate: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (985) _____ Work Phone: (985) _____

Email address: _____

Racing Experience: None _____ Beginner _____ Experience (how long)? _____

Would you be interested in volunteering _____yes _____ no

Family membership:

First name	Last Name	Birthdate	M/F
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First name	Last Name	Birthdate	M/F
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First name	Last Name	Birthdate	M/F
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To be signed by each member in the household. Applicants under age 18 require a parent's signature.

I know that participating and volunteering to work in Tri City Track Club events are potentially hazardous activities. And I know that I should not participate or volunteer 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 complete an activity safely. I assume all risks associated with participating in or volunteering at Tri City Track Club events including, but not limited to, falls, contact with other participants, the effects of the weather (including heat and humidity), and dangers posed by road conditions and traffic on the course, all such risks being known and appreciated by me, having read this waiver and knowing these facts, I, for myself, and for anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Tri City Track Club, and all sponsors and their representatives and successors from all claims of liabilities of any kind arising from my participation in Tri City Track Club activities, even though a liability may arise from negligence or carelessness on the part of persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of any club event for any legitimate purpose.

Signature	Date	Signature	Date
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Signature	Date	Signature	Date
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Signature	Date	Signature	Date
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