



## SPACE COAST RUNNERS MEMBERSHIP APPLICATION FORM

Select One:  New Member  Renewal  Address change

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

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Sex: M / F

Email: \_\_\_\_\_ Volunteer? YES / NO

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Membership Class/Dues (select one):  Individual (\$30/year)  Family (\$35/year)

Student (\$15/year) (*Membership benefits apply to an eligible student, under 25, enrolled in school full time.*)

If Family Membership, list family members below: *Membership benefits apply to 2 adults and children UNDER 25 years of age. All family members MUST have the same mailing address.*

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F Vol? YES / NO

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M / F

Email \_\_\_\_\_ Phone# \_\_\_\_\_

Waiver: I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and participate 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 in SCR events including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road, such as risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, Space Coast Runners, Inc., and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. *I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.*

Signature \_\_\_\_\_ Date \_\_\_\_\_