



[www.colonialrunners.org](http://www.colonialrunners.org)

## 2018 MEMBERSHIP APPLICATION

**Annual Dues (Please Check One)**

Individual Membership  
\$20.00 (\$15 before 12/1/17)

Family Membership  
\$30.00 (\$25 before 12/1/17)

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

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: Male / Female

**Additional Family Members (Members of same household/address)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: Male / Female

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: Male / Female

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: Male / Female

If you are a new member, how did you hear about Colonial Road Runners?

Current Member  Race/Event  Website  Facebook  Running Store  Other: \_\_\_\_\_

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 decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering 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 myself and anyone entitled to act on my behalf, waive and release Road Runners Club of America, Colonial Road Runners and all sponsors, their representatives and successors from all claims or liabilities of and arising out of my participations in these club activities even though that liability may be of negligence or carelessness on the part of the persons named in this waiver.

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

Please send this completed application with check payable to Colonial Road Runners for total dues amount to:  
Colonial Road Runners, P.O. Box 2222, Abington, MA 02351