



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 address: _____

Available to volunteer for an event during the year (circle one): Yes / No

Membership Class/Dues (select one): Individual -- \$30/year
 Family -- \$35/year
 Student* -- \$15/year
 (* up through a full-time college student)

If Family Membership, list family members below:

Name: _____ DOB: ____/____/____ Sex: M / F

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Name: _____ DOB: ____/____/____ Sex: M / F

Name: _____ DOB: ____/____/____ Sex: M / F

(For additional family members, continue list on reverse side of this form or on an additional page)

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 this event 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 and in consideration of your accepting my entry, 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 these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature

Date

Mail completed form and dues to: Space Coast Runners, Inc.
 c/o Loran Serwin, Membership
 P.O. Box 2407
 Melbourne, FL 32902-2407