



MEMBERSHIP APPLICATION

_____ New _____ Renewal _____ Change

_____ INDIVIDUAL (\$25 Annually) _____ FAMILY – at same address (\$35 Annually)
_____ INDIVIDUAL 5-Year (\$100) _____ FAMILY 5-Year (\$140)

First Name _____ Last Name _____
Birth Date _____ Male / Female _____
Personal ChampionChip Number _____
Phone Number _____
Email Address _____
Mailing Address _____

Optional ~ Family Members

First Name(s) _____ Last Name(s) _____
Birth Date(s) _____ Male / Female _____
Personal ChampionChip Number(s) _____
Email Address(es) _____

Please read and sign the following waiver:

In consideration of your acceptance of this membership application, I, for myself, my heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and cause of suit or action known or unknown, that I may have against the Austin Runners Club, and any and all directors, officers, employees, for any and all injuries to or by me in said club events and activities. I verify that I have full knowledge of the risks in club events and activities, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses, and that I am physically fit and sufficiently trained to participate in club events and activities. I release the rights to any and all videos, photographic materials, recordings or any other record of club events and activities with which I am involved.

Signature (parent/guardian if under 18) Date \$ _____
Amount Enclosed