Peachtree City Running Club
2019 Membership Application & Liability Release

Last Name: _____ First Name: _____
Gender: Male: _____ Female: _____ Date of Birth: _____/_____/_____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____)_____-_____ Work Phone: (_____)_____-_____
Email Address: _____ New Member:____ Member Renewal:____

Please enclose a check for dues made payable to **Peachtree City Running Club, Inc.** (Annual dues are payable by March 31st; those joining after October 1st are paid through the following year.) Mail to: Peachtree City Running Club, Inc., P.O. Box 2377, Peachtree City, GA 30269

Annual Dues: Family Membership: $30.00 Students and Running Coaches: $25.00

Additional Donation for Community Support: _____ Total _____

To help us better serve our community, please tell us how you learned about the Peachtree City Running Club:

__ PTCRC Website __ Search Engine
__ Event, please specify _____ __Article/Paper, please specify _____
__ Referral, please specify _____ __ Social Media, please specify _____

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Liability Release

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 decision of a race official relative to any ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races including, but not limited to: falls, contact with other participants, the effects of the weather including high heat and 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, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Peachtree City Running Club, 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 person(s) named in this waiver.

Signed: _____ **Date**: _____/_____/_____
(Must be Signed by Parent if under 18)

List other running family members (Signature required if 18 or older):

Name	Gender	Date of Birth	E-mail Address (optional)