

The Wicked Running Club will accept new/renewal memberships for 2012 starting on 11/1/11!



Membership form of the Wicked Running Club



Name _____ Gender M F (please circle one) Birth Date ____/____/____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail Address _____

Home Phone Number _____ Cell Phone Number _____

Type of Membership (check one): New Member Renewal
* Student is defined as high school or full-time college students.
** Please list all family members to be included below (children up to age 21)
 Student* \$15.00 Individual \$25.00 Family** \$50.00

Name _____ Birth Date ____/____/____ Gender ____ E-Mail _____

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Name _____ Birth Date ____/____/____ Gender ____ E-Mail _____

How did you hear about Wicked? Were you referred to WRC by a current club member? If so, who?

Area(s) of Interest (check all that apply): Youth X-Country Track & Field Triathlon Racing Team
 Road Running Other

Volunteering

Every member is requested to volunteer at least one Wicked Event per year. Please check your preference(s):
 Wicked Frosty Four Road Race Winter Banquet North Shore Cancer Run Wicked Kidz Races
 Miles Over the Moon Road Race Summer Cookout Lynn Woods Relay Run@Work Day Mill City Relay

WAIVER I know that volunteering to work in club races is a potentially hazardous activity. 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 my 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/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Wicked Running Club and all sponsors, their representatives, and successors from all claims of liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver.

Signature _____ Date _____

Signature (Spouse/Parent or Guardian if under 18) _____ Date _____

Please send completed form and membership payment (checks payable to Wicked Running Club) to John Mahoney, 73 Moffatt Rd, Salem, MA 01970

Connect with the Wicked Running Club!

www.wickedrunningclub.com

