

WICKED RUNNING CLUB

Membership Form

If you would like to join or renew your membership to the WRC, please fill out this application, and mail this form and check (made payable to *Wicked Running Club*) to:

Deb Touchette,
45 Gallows Hill Road
Salem. Ma. 01970

info@wickedrunningclub.com

Membership Type: New _____ Renewal _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Date of Birth: _____ Sex (M/F): _____

Please read waiver before signing:

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 (parents if under 18) *Date*

Dues : \$25.00 per year Jan 1st to Dec 31st.

Area(s) of Interest (check all that apply):

_____ Youth _____ X-Country _____ Track & Field _____ Triathlon
_____ Racing Team _____ Road Running _____ Other