Daytona Beachcombers Running Club Membership Application

IF YOU RUN...FOR FUN...FOR HEALTH...FOR RECREATION...
OR...IF YOU ARE A SERIOUS COMPETITOR...

WE HAVE SOMETHING FOR YOU!!!

Make checks payable to Daytona Beachcombers Running Club. Mail to: 290 Morningside Ave, Daytona Beach, FL 32118

Information: Donna Hiatt, 386-255-1279; donnadorun@cfl.rr.com

Please circle membership type:

1 year membership

Individual	$15
Family	$25
Student & Military	$10
Senior (65)	$10

2 year membership

Individual	$25
Family	$45
Student & Military	$15
Senior (65)	$15

Name _____ M/F _____ ____/____/____
Last First Gender Birth Date

Address _____
City State Zip Code

Phone (h) _____ (w) _____ (cell) _____

email _____ Occupation _____

Family Membership ● List all members names & birthdates

_____ _____

_____ _____

_____ _____

A portion of your annual dues goes to RRCA for the quarterly magazine, FootNotes, you will receive as a member of Road Runners Club of America.

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run or participate 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 heat or 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 (club name) 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 persons named in this waiver.

Signature (Parent if a minor) _____ Date

Signature _____ Signature _____