

Fond du Lac Running Club APPLICATION/RENEWAL FORM

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ EMAIL _____ AGE _____

Membership Type (circle one) **New** **Renewal**

Annual Membership Fee (circle one) **Family (\$10)** **Single (\$5)**

Please send this form with payment to:

FDL Running Club, PO Box 102, Fond du Lac, WI 54936-0102

Make checks payable to: Fond du Lac Running Club

I know that running and volunteering to work in club sponsored activities are potentially hazardous. I should not enter and 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 event. I assume all risks associated with running, walking and volunteering to work in club activities, including, but not limited to falls, contact with other participants, the effects of weather, including high heat and/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 this application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the FDL Running Club, Inc., and all club sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of participation in these club activities, even though that liability may arise out of negligence or carelessness on the part of the persons and organizations named in this waiver. I grant permission to all the forgoing to use any photographs, motion [pictures, recording, or any other record of an event for any legitimate purpose. \$5.48 of your annual dues go to the RRCA to help cover insurance for FDL running club sponsored runs.

SIGNATURE _____ DATE _____

(Parent if under age 18)