Kenosha Running Club Membership Application

_____
Name

_____
Address

_____
City, State, Zip Code

_____
Date of birth Sex

_____
Phone

_____
E-mail

Names, ages and add'l e-mails of family members joining the club

_____

_____

Yearly dues:
Single membership $10____
Family membership $15____

Mail application and dues to: Kenosha Running Club, P.O. Box 723, Kenosha, WI 53141

Kenosha Running Club Membership Waiver

I know that running and volunteering to work in club races are potentially dangerous activities unless I am medically able. 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, volunteering to work in club races including but not limited to, falls, contact with other participants, 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 the acceptance of my application for membership, I and anyone entitled to act on my behalf, waive and release the Kenosha Running Club and all sponsors, their representatives and successors from all claims and liabilities of carelessness on the part of the person(s) that are named on this form.

I grant permission to all the foregoing to use any photographs, video recording or any other record of events for legitimate purpose.

_____
Signature(Parental signature if under 18)

_____
Date

All members are expected to volunteer for at least one of the Club races each year. The work is easy and a great way to meet other Club members! Please check the event(s) and any additional areas you and/or a member of your household could help with.

Harvest Moon Run (Sept)___
Public Relations/Website___
Monthly Meeting Planning__
Mayor's Turkey Day Run (Nov)___
Newsletter___
Club Running Programs_____