Saline County Striders MEMBERSHIP/SUBSCRIPTION APPLICATION

Dues: \$15 per year (July 1 –June 30) per family. Membership dues include bi-monthly Arkansas Runner subscription. New members please pay the prorated amount based on your joining date Apr 1 – Sep $30^* = 15 Oct 1 – Dec 31 = \$11 Jan 1 – Mar 31 = \$7.50* For members joining between April 1 and June 30, \$15, membership will run through June 30 of the following year.

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Name:		DOB:
Address:		
City, State, Zip:		
Telephone #	E-Mail:	
Spouse's Name:	E-Mail:	DOB:
Name(s) and DOB of Childr	en:	
New or Renewal		
runs, social events, and races participate in any club organiz trained, and by my signature, good health, and I am properly official to deny or suspend my I attest that I have read the rul of this club and participating is providers, employees, and specontact with other participants assume all risks including the road, all such risks being known.	with this club are potentially hazardous a zed events, group training runs or social I certify that I am medically able to perform y trained. I agree to abide by all rules est y participation for any reason whatsoever es of the club and agree to abide by then an club activities which may include: fall extators including the potential the contra- is/members, volunteers, race personnel, c effects of the weather, including high heaven and appreciated by me. I understand	that running in and volunteering for organized group activities, which could cause injury or death. I will not events, unless I am medically able and properly form all activities associated with the club and am in tablished by the club, including the right of any r. In. I assume all risks associated with being a member les, contact with other participants, contract service action of a communicable disease resulting from ontract service providers, employees, and spectators. I eat and/or humidity, traffic and the conditions of the that bicycles, skateboards, baby joggers, roller skates to be used in club organized activities and I agree to
anyone entitled to act on my be their representatives and succe even though that liability may	behalf, waive and release this club and the essors from all claims or liabilities of any arise out of negligence or carelessness or sing to use my photographs, motion picture.	of your accepting my membership, I, for myself and the Road Runners Club of America, all club sponsors, by kind arising out of my participation with the club, on the part of the persons named in this waiver. I grant the persons or any other record for any legitimate
Signature:	Date:	
Sign the waiver above, enclos	e check for \$15 (or the prorated amount	above) payable to Saline County Striders

Saline County Striders P.O. Box 866, Benton, AR 72018.

and mail to: