

TRAIL RUNNERS CLUB

A California nonprofit corporation, a 501 (C) (3) tax exempt organization

MEMBERSHIP APPLICATION & WAIVER

Turn in the application on Sunday or mail it to Trail Runners Club at 1035 Anoka Place, Pacific Palisades, Ca. 90272

Please Print clearly:

Last Name _____ First Name _____ Date _____

Street Address _____ Apt # _____ City _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____ M F

Occupation _____ Years running _____ Average 10K time _____

Email address: (!! print clearly !!) _____

Emergency Contact: Name _____ Phone: _____

I learned about Trail Runners Club from: _____

\$45 dues for 12 months beginning _____ (date) is is not enclosed

WAIVER: I know that running and volunteering to work in club races and runs are potentially hazardous activities. I should not enter and run in these activities unless I am medically able and properly trained. I agree to abide by any decision of a run official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races and runs including high heat and/or humidity, the conditions of the trails and roads, animals, poison oak, and traffic on the courses including travel to and from the events, and including but not limited to falls and contacts with other participants, all such risks being known and appreciated by me, and including all injuries or death that may be suffered by me before, during, or after an event. I understand that these are mountain trails, away from medical services, and that there are rattlesnakes, coyotes, mountain lions, ticks, poison oak, and other potentially dangerous and harmful elements in the area. Having read this waiver and knowing these facts, and in consideration of you allowing me to participate in any way in the club run or race, or your acceptance of my application for Trail Runners Club activities, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Trail Runners Club a California Nonprofit Benefit Corporation, its agents and representatives, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these activities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I attest that I am physically fit and sufficiently trained for this, my physical condition verified by a licensed M.D. during the last 6 months. I grant permission to all of the foregoing to use any photographs or video recording for any legitimate purpose. I recognize the importance of wearing sun block and will protect my skin as necessary.

I acknowledge that **I have read & understand all of the above.**

DATE _____ SIGNATURE _____

