



OHIO RIVER ROAD RUNNERS CLUB

Membership Application

OFFICE USE ONLY			
Exp. Date			
Check	\$		
Cash	\$		
Document No.			
Entry Date			
Calendar		Card	
Y	N	Y	N

Please complete information below.

Last Name	First Name	Age	Sex
Number and Street			
City and State		Zip Code	
Area Code	Telephone	-	Birthdate
Month	Day	Year	

Please provide E-mail address if applicable. Address will be used for ORRRC communications only.

List **NAME, BIRTHDATE and SEX** of other **HOUSEHOLD** family members who may run or volunteer.
Cost for each additional member listed here is \$5.00 for a 1 yr. and \$10.00 for a 3 yr.

Name	BIRTHDATE			SEX
	Month	Day	Year	
	Month	Day	Year	
	Month	Day	Year	
	Month	Day	Year	
	Month	Day	Year	

By indicating your acceptance, you understand, agree, warrant and covenant as follows: I know that running and volunteering to work in club races are potentially hazardous activities. I have full knowledge of the risks involved and attest that I am physically fit and sufficiently trained to participate in any club event. I agree to abide by any decision of a race official relative to my ability to safely complete any club event. I, intending to be legally bound, for myself, my heirs, next of kin, executors, and administrators, voluntarily assume all risks of accident and injury and release and forever discharge, indemnify and hold harmless the Ohio River Road Runners Club, The Road Runners Club of America, any volunteers, sponsors and any employees, officers, and agents (collectively the "Released Parties"), from any and all liability for personal injury or property damage of any kind sustained during any club event whether such personal injury or property damage is caused by the gross negligence or carelessness of the Released Parties. I understand that bicycles, skateboards, in-line skates, roller skates, and animals are not permitted in any club event. I understand that jogger/strollers and headphones are strongly discouraged. I grant permission to all preceding to use any photographs, motion pictures, recordings or any other record at a club event for any legitimate purpose. I will abide by the standards of conduct as listed on the club website.

X		
	Signature	Date
X		
	Parent's/Guardian's Signature Required for members who are under the age of 18	Date

For Membership to be valid, this waiver must be signed by an adult.
 Make check payable to: ORRRC
 \$35.00 plus \$5.00 for each additional family member.
 \$90.00 plus \$10.00 for each additional family member.
 Mail payment and signed waiver/membership renewal to:
 Kathy Robbins
 ATTN: ORRRC Membership
 94 Bethel Road
 Centerville, OH 45458

Memberships can also be done online by going to www.orrcc.org and clicking Membership, or onsite at small club races.

THIS IS A:
 (Check one)
 New Membership
 Renewal

THIS IS A:
 (Check one)
 One Year
 Three Year