



PO BOX 761022

Melrose, MA 02176

membership@melroserunningclub.com

Application For Membership

MISSION

The goal of the Melrose Running Club is to enhance and encourage running at all levels. Membership fees support activities such as club runs, social events, member awards, newsletter and website.

INSTRUCTIONS

Please fill out all information requested and mail the completed application along with membership payment to the Melrose Running Club at the address shown to the left. Make checks payable to: Melrose Running Club.

Select one of the following:

- Individual** @ \$30/year (\$15 after June 30th)
- Family** @ \$50/year (\$25 after June 30th)
- Walk to Run** @ \$30/ten week session

MEMBERSHIP PLANS

All memberships run from January through December except for the Walk-to-Run program which runs for 10 weeks starting the last week of April. New memberships are prorated based on the date the club is joined on a biannual basis. Membership renewal occurs annually in the fall of each year for the following year.

Check One : **New Member** **Renewal** **Walk To Run**

Name _____ Date _____
 Street _____ Apt# _____
 City _____ State _____ Zip Code _____
 Phone Home (_____) _____ Work (_____) _____
 E-Mail Home _____ Work _____

Runner's Name	Date of Birth [mm/dd/yy]	Gender [M/F]	Caliber of Runner [Beg/Int/Adv]	Mile/Week [Average]
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Family

<i>Runner Listed Above</i>	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Waiver All Members Must Sign

I desire to enter and participate in fun runs and races organized by the Melrose Running Club. I acknowledge that running has inherent dangers and can be a dangerous sport. I assume all risks of running along or across roadways. In consideration of the acceptance of my joining the club in weekly fun runs, and/or the acceptance of my membership to the club, I hereby for myself, my heirs, executors and assigns, waive, release and hold harmless the Melrose Running Club, Melrose Knights of Columbus, any other member, sponsor entity and the officers, directors and shareholders and or members agents employees of each, all medical and other personnel assisting with the runs, their representatives, successors, and assigns, from any and all claims, demands, liabilities, rights or causes of action of whatsoever kind of nature including but not limited to those arising from negligence on the part of any of the aforementioned persons or entities, for damages for any and all injuries to me or my property, or for damages caused by me or by anyone else (including Act of God), arising out of or in connection with participation in the runs and races. I hereby certify that I am in good health.

_____	_____	_____	_____
Date	Signature of Runner or Parent/Guardian*	Date	Signature of Runner or Parent/Guardian*
_____	_____	_____	_____
Date	Signature of Runner or Parent/Guardian*	Date	Signature of Runner or Parent/Guardian*

***Parent/guardian must sign if runner is under the age of 18**