

WEST FLORIDA Y RUNNERS CLUB MEMBERSHIP FORM



www.WFYRC.com

Instructions:

- Please fill out this form, detach and mail with your remittance.
- Annual Dues: \$15 single membership; \$25 family membership
- Make checks payable to: West Florida Y Runners Club
- Mail to: 1005 S. Highland Ave., Clearwater, FL 33756
- or directly to the Membership Chair at 2863 Saint Croix Dr, Clearwater, FL 33759

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Member DOB _____ **Sex:** _____ **Email:** _____

Home Phone: (____) _____ **Work Phone:** (____) _____

Profession: _____

Check here if you **DO NOT** want the above information in a Club Directory.

Family Membership Name(s), Relationship (spouse, child, etc) and Birth Dates

_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____
_____	_____	____/____/____

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run and/or volunteer unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run and/or volunteer. I also agree that I may be examined and treated if necessary during the course of a race, by qualified race personnel, in the event medical problems of any cause arise. Race officials or qualified personnel have the right to disqualify me and remove me from the race if, in their opinion, I may be suffering from a life threatening condition. I assume all risks associated with running and volunteering to work in club races including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of 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 your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the West Florida Y Runners Club and its officers and agents, all sponsors, their representatives and successors, including the Road Runners Club of America, its officers, directors, agents and employees, from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. (I understand that \$1.25 of my membership dues goes for the subscription to the RRCA publication "Footnotes.")

Signature _____ **Date** _____

Parent or Guardian (if under 18) _____

If family membership, all adults sign below:
