

WRRC Membership Form

Please fill out this form on your computer and then print and mail to our membership director at:

**Wabash River Runners Club
PO Box 2493
West Lafayette, IN 47996-2493**

Name:

Street Address:

City:

State:

ZIP:

Email:

Please provide your e-mail address so that we can add you to our mailing list to get club updates.

Phone:

Is this a **New membership** or a **Renewal** ?

Type of membership:

Individual - \$15 Couple (or parent\child) - \$25 Family - \$35

Family Members included in membership:

Name

Email

Name

Email

Name

Email

Name

Email

Couple and family memberships must share a street address.

Waiver: I know that running and volunteering to work in Wabash River Runners Club sponsored events are potentially hazardous activities. I will refrain from entering and running in club activities if I am not 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. I assume all risks associated with running and volunteering for club sponsored events, including but not limited to: falls, contact with other participants, the effects of the weather including high heat or humidity, the conditions of the road and traffic on the course, all such being known and appreciated by me. 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 Road Runners Club of America, the Wabash River Runners Club and all sponsors, their representatives and successors 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 person named in this waiver. I acknowledge that I have read and accept this waiver of liability for all persons included in this membership purchase.

Club Use Only

Expiration Date: _____

Cash Check #: