



**MEMBERSHIP APPLICATION**

\_\_\_\_\_ New                      \_\_\_\_\_ Renewal                      \_\_\_\_\_ Change

\_\_\_\_\_ INDIVIDUAL (\$30 Annually)                      \_\_\_\_\_ FAMILY – at same address (\$40 Annually)  
\_\_\_\_\_ INDIVIDUAL 5-Year (\$120)                      \_\_\_\_\_ FAMILY 5-Year (\$160)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Male / Female \_\_\_\_\_  
Personal ChampionChip Number \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Optional ~ Family Members

First Name(s) \_\_\_\_\_ Last Name(s) \_\_\_\_\_  
Birth Date(s) \_\_\_\_\_ Male / Female \_\_\_\_\_  
Personal ChampionChip Number(s) \_\_\_\_\_  
Email Address(es) \_\_\_\_\_

Please read and sign the following waiver:

In consideration of your acceptance of this membership application, I, for myself, my heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and cause of suit or action known or unknown, that I may have against the Austin Runners Club, and any and all directors, officers, employees, for any and all injuries to or by me in said club events and activities. I verify that I have full knowledge of the risks in club events and activities, that I assume those risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses, and that I am physically fit and sufficiently trained to participate in club events and activities. I release the rights to any and all videos, photographic materials, recordings or any other record of club events and activities with which I am involved.

\_\_\_\_\_  
Signature (parent/guardian if under 18)                      Date                      \$ \_\_\_\_\_  
Amount Enclosed