

2010 INDY RUNNERS • WALKERS

MEMBERSHIP APPLICATION FOR INDIVIDUALS OR FAMILIES

MEMBERSHIP IS VALID FROM JANUARY THROUGH DECEMBER 2010.

RENEWING 2009 MEMBERSHIP? YES NO

IF YES AND CONTACT INFORMATION DID NOT CHANGE, THEN INSERT NAME(S) ONLY, CHOOSE MEMBERSHIP TYPE, AND SIGN THE APPLICATION. (FOR FAMILY MEMBERSHIPS, EACH FAMILY MEMBER/LEGAL GUARDIAN FOR THOSE UNDER 18, MUST SIGN BELOW.)

Member Information (please print)

FIRST NAME _____ LAST NAME _____

STREET ADDRESS 1 _____

STREET ADDRESS 2 _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS (TO RECEIVE CLUB SOCIAL NEWS, SPECIAL DISCOUNT OFFERS, ETC.) _____

TELEPHONE PHONE NUMBER THIS IS MY: (CHECK ONE) HOME WORK MOBILE _____

DATE OF BIRTH (MONTH/DAY/YEAR) _____

MALE FEMALE | RUN OR WALK | _____ : _____ TRAINING PACE (MINUTES/MILE)



Dr. Mike Helms



St. Vincent Sports Performance



Membership Options** Select one of the following

- INDIVIDUAL MEMBERSHIP (AFTER JULY 1ST) \$ 15
 - SAVE WITH THE FAMILY MEMBER RATE* (AFTER JULY 1ST) 20
ONE PRICE FOR EVERYONE IN YOUR FAMILY! MEMBERS MUST RESIDE AT SAME ADDRESS AND ALL MEMBERS (OR GUARDIAN) MUST BE LISTED AND SIGN BELOW.
- TOTAL ENCLOSED** \$ _____

* ELIGIBLE: SPOUSE, CHILD, SIGNIFICANT OTHER/PARTNER LIVING IN SAME HOUSEHOLD. FOR FAMILY MEMBER RATE, COMPLETE BELOW AS WELL:

MEMBER # 2 NAME: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

MALE FEMALE | RUN OR WALK | _____ : _____ TRAINING PACE (MINUTES/MILE)

MEMBER # 3 NAME: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

MALE FEMALE | RUN OR WALK | _____ : _____ TRAINING PACE (MINUTES/MILE)

MEMBER # 4 NAME: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

MALE FEMALE | RUN OR WALK | _____ : _____ TRAINING PACE (MINUTES/MILE)

Running and Walking for fitness is great; but our real goal is having

LOTS OF RUN!

Join Our Group

WAIVER I KNOW THAT RUNNING AND VOLUNTEERING TO WORK IN INDY RUNNERS CLUB RUNS, RACES, TRAINING PROGRAMS AND OTHER ACTIVITIES ARE POTENTIALLY HAZARDOUS ACTIVITIES. I AM MEDICALLY ABLE AND PROPERLY TRAINED FOR SUCH ACTIVITIES. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING AND VOLUNTEERING, INCLUDING BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, INCLUDING HEAT AND/OR HUMIDITY, CONDITIONS OF THE ROAD AND TRAFFIC ON THE COURSE. IN CONSIDERATION OF THE ACCEPTANCE OF MY APPLICATION, I WAIVE AND RELEASE INDY RUNNERS, INC. AND ALL OF ITS OFFICERS, MEMBERS AND SPONSORS; BUTLER UNIVERSITY; ROAD RUNNERS CLUB OF AMERICA; AND THE SUCCESSORS OF EACH ORGANIZATION; FROM ALL CLAIMS OF ANY KIND FOR DAMAGES ARISING FROM MY PARTICIPATION IN THESE ACTIVITIES, EVEN THOUGH THAT LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF PERSONS NAMED IN THIS WAIVER. I UNDERSTAND THAT I RECEIVE NO COMPENSATION IF MY IMAGE OR LIKENESS IS USED IN PRINT AND DIGITAL MEDIA WHICH PROMOTES THE CLUB.

PRIMARY MEMBER SIGNATURE _____ DATE _____ FAMILY #2 SIGNATURE OR PARENT/GUARDIAN (IF UNDER 18) _____ DATE _____

FAMILY #3 SIGNATURE OR PARENT/GUARDIAN (IF UNDER 18) _____ DATE _____ FAMILY #4 SIGNATURE OR PARENT/GUARDIAN (IF UNDER 18) _____ DATE _____

**MAIL FORM, WITH CHECK PAYABLE TO: INDY RUNNERS, INC.
P.O. BOX 30617
INDIANAPOLIS, IN 46230-0617

0710MA-Online