



MEMBERSHIP FORM

Membership fees	Individual:	1 year (\$10.00);	2 years (\$19.00);	3 years (\$27.00)
	Family:	1 year (\$14.00);	2 years (\$27.00);	3 years (\$39.00)

Make checks payable to:

Blacksburg Striders
1470 S. Main Street, Suite 100
Blacksburg, VA 24060

Name _____ Birthdate _____ Sex _____

Street _____ City _____

State _____ Zip code _____ Phone _____

E-mail address _____

Any suggestions?: _____

For family membership, we need name, birthdate, gender, and e-mail for all additional runners:

Name	Birthdate	Sex	E-mail
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BLACKSBURG STRIDERS CLUB MEMBERSHIP APPLICATION WAIVER

I, _____ know that running and volunteering to work in club races are potentially
(print name)

hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. 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 Road Runners Club of America, the Blacksburg Striders 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 persons named in this waiver.

SIGNATURE _____ DATE _____

PARENT'S SIGNATURE (if under 18 years of age) _____