MEMBERSHIP APPLICATION SIERRA RACEWALKERS

7073 Enright Dr. Citrus Heights, CA 95621

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|---|--|---|--|--|
| Name: (please print) | | | Telephone: | |
| Address: | | | Home: | Work: |
| | | | Email: | |
| Occupation: | | | Birthdate (mm/dd/yy): | |
| Membership: | | | | |
| Individual - \$20 per year | | | | |
| Family - \$30 per year | | | | |
| Please make check payable to: Sierra Racewalkers and mail to above address (or bring to a workout) | | | | |
| How did you discover Sierra Racewalkers? | | | | |
| What is your interest in joining Sierra Racewalkers? (check all that apply): | | | | |
| Competition | Weight Loss | Socializing | Fitness/Health | Other |
| Signature: | | | Date: | |
| WAIVER | | | | |
| In consideration of your accepting my participation, I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Sierra Racewalkers (heretofore known as "SR") or school, park and recreation department, etc., or against any and all organizations, sponsors, and/or individuals connected with these walks; and assign for all injuries suffered by me while traveling to or from or while participating in these events. I further attest that I am physically fit and have trained to participate in these walks. | | | | |
| to waive all claims or defe family who may participat | enses for any personal inju te in SR activities, and I he | epresentatives, and all thos ury and assume all risk of s ereby hold harmless any cl ersons or properties of oth | such injury to myself or oth laim which may arise agai | ner members of my nst SR, staff, or |
| agree to hold harmless S representatives, staff, ow | R for any injury incurred fon ners. I understand I am no | and use of facilities with S or any cause whatsoever, i ot obliged or forced to parta oderate my efforts at exer | including but not limited to ake in any SR activities, bu | gross negligence by SR |
| certify that I have carefull | y and fully read this agree | epresentations, express o ment, that I fully understar e. If I am under 18 years o | nd this agreement and sign | n it accordingly. I hereby |
| Applicant's Signature: | | | Date: | |
| Guardian's Signature: | | | Date: | |