



MEMBERSHIP APPLICATION:

An Association of USA Track and Field (USATF)
and Road Runners Club of America (RRCA)

lascrucesrunningclub.com

MISSION STATEMENT:

The purpose of the Las Cruces Running Club is to establish, promote and maintain an active running community within Las Cruces and the surrounding areas through a membership organization.

We do this by providing opportunities for runners of all ages and abilities to meet their personal fitness goals by conducting running seminars, group training sessions and competitive events; recruiting members who support the promotion of running as a healthy habit; and fostering a climate of mutual support, goodwill and fellowship. For more details and information visit **lascrucesrunningclub.com**

LCRC Membership Fees: **Individual:** \$20 per year **Family:** \$30 per year

Tax deductible sponsorships available. **Sponsor levels: Gold - \$500 / Silver - \$250 / Bronze - \$100**

Members receive 10% discount on qualified purchases at Run Culture 221 N Main St Las Cruces NM

All membership fees will be pledged for LCRC Board approved expenses.

Please make checks payable to: **Las Cruces Running Club**

Contact by email: register@lascrucesrunningclub.com

NAME: _____ DOB: _____

ADDRESS: _____

City: _____ State: _____ Zip Code: _____

PHONE: _____ EMAIL: _____

Male / Female Membership: INDIVIDUAL / FAMILY TRAINING MILES PER WEEK: _____

AMOUNT ENCLOSED: _____

****WAIVER:** Upon submission of my membership application, I, the undersigned, assume all risks associated with participating in Las Cruces Running Club activities and events and do hereby release and discharge the Las Cruces Running Club from any and all claims for damages, along with demands and causes of actions from result in my participation in all Las Cruces Running Club activities and events.

****MEMBER SIGNATURE:** _____

** If under age 18 you must have a parent of legal guardian sign application.

Send application by mail to:

LCRC

PO Box 8015

Las Cruces NM 88006



Las Cruces Running Club

MEDICAL WAIVER FORM

PARTICIPANT'S NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT:

NAME: _____

ADDRESS: _____

PHONE: _____ RELATIONSHIP: _____

MEDICAL INFORMATION:

PHYSICIAN NAME: _____

PHYSICIAN PHONE: _____

KNOWN ALLERGIES: _____

MEDICATIONS: _____

WAIVER: Upon submission of this waiver, I, the undersigned, assume all risks associated with participating in Las Cruces Running Club activities and events. I hereby release and discharge Las Cruces Running Club from any and all claims for damages, along with demands and causes of actions from result in my participation in all Las Cruces Running Club activities and events.

I, the undersigned, am responsible for ALL activities including physically demanding and strenuous which may result in accident, injury, or other physical harm. I agree to hold the Las Cruces Running Club, it's staff, along with any particular venue harmless from any and all liability arising from my participation in any activity.

SIGNATURE: _____

DATE: _____

Send application by mail to:

LCRC

PO Box 8015

Las Cruces NM 88006