

# PRAIRIE STATE ROAD RUNNERS

## Membership Application

**2019 RENEWAL/NEW MEMBER RATES**

Price: **INDIVIDUAL** \_\_\_\_\_ \$18.00    **STUDENT** \_\_\_\_\_ \$12.00    **FAMILY** \_\_\_\_\_ \$25.00

**PRIMARY MEMBER NAME** \_\_\_\_\_ **Gender (M/F)** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PHONE (\_\_\_\_)** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**YEAR (OR APPROXIMATE YEAR) YOU JOINED THE PSRR CLUB** \_\_\_\_\_

**Family Membership Data – List All Members**

Name	Age	Date of Birth	Gender (M/F)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**How did you hear about us?** \_\_\_\_\_

Make Checks Payable to: **PRAIRIE STATE ROAD RUNNERS**

Mail to: **P.O. Box 293, Channahon, Illinois 60410-0293**

**CLUB MEMBERSHIP WAIVER**

*I know that running and volunteering to work in club races are potentially 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 decision of a race official relative to my ability to safely complete the run. I assume all the 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 Prairie State Road Runners 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** (Parent of guardian if applicant is under 18)

\_\_\_\_\_  
**DATE**

Visit our website at [www.psrr.org](http://www.psrr.org)  
Contact us at [president@psrr.org](mailto:president@psrr.org)

