



Membership Application for 2024 (manual form)

Member's full name		
Full mailing address (including postal code)		
Telephone number		
Email address		
Birthdate		
Sex		
Membership fee. (Circle your choice)	Single \$30	Family \$45
By circling Yes to the right of this box you consent to the use of your personal information for club purposes. We will not give your personal information to any other party.		Yes No
Photos of club races, runs and other events may appear on our website, social media or other club advertising. By circling Yes you agree to the use of photos that you may appear in.		Yes No
Please give this form with your payment to any St. Catharines Roadrunners and Walkers board member and your membership will be processed.		

Please read the following waiver carefully:

In consideration of this membership application, I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the St. Catharines Roadrunners and Walkers Club and its respective officers and directors. This waiver also includes the discharge of any and all rights and claims for damages which may be sustained and suffered by me in connection with my said association with the St. Catharines Roadrunners and Walkers club and/or arising out of my traveling to, participating in and returning from any and all events organized and sanctioned by the club, including any claims arising from my negligence. I grant full permission to any and all foregoing to use any pictures or videos taken in connection with my participation in the aforementioned events. I have read the above statement, I understand it, and my signature confirms its full acceptance.

Signature _____ Date _____