



# Shamrock Running Club Annual Membership Application

On-line registration available at <https://www.runningahead.com/clubs/shamrock>

- ☐ Membership Renewal  
☐ New Membership

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Select Membership Type:

- ☐ Individual (\$25)  
☐ Family (\$35)  
☐ Five Years (\$100)

Family Members (Applicable only for Family or Five Years memberships)

First Name	Last Name	Gender	Date of Birth	Email Address
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Waiver and Release: I recognize that participation in activities of the organization may involve certain hazards. I understand that I should not participate unless medically able. I assume the risks associated with involvement in these activities, including but not limited to falls, contact with participants, effects of weather, road and traffic conditions — these risks being known and appreciated by me. Having read the Waiver and Release and considering the acceptance of my application, I for myself and anyone entitled to act on my behalf, waive and release the Shamrock Running Club, the Road Runners Club of America, and all sponsors and hosts, their representatives and successors, from any claim or liability from my involvement in activities of the organization.

X \_\_\_\_\_

Signature of Applicant (if applicant is younger than 18 years, parent or guardian must sign)

Please mail signed form with check payable to "Shamrock Running Club" in the amount of the membership to:

**Shamrock Running Club**

**Box 602**

**Woburn, MA 01801**