



P. O. Box 1019
 Florence, AL 35631
 Phone: (256) 760-9502
 Fax: (256) 760-9544
 E-mail: "trac@hiwaay.net"

2012 MEMBERSHIP APPLICATION

(Please print or type)

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Occupation _____ Gender M F

Date of Birth _____ E-Mail _____

(Please provide)

MEMBERSHIP OPTIONS:

- Family \$ 15.00 (List additional family members below)
- General 12.00
- Student 6.00

* Dues are payable on January 1 for each calendar year.
 * After March 31, memberships will be discounted based on the calendar quarter of initial membership- **for new members only.**
(Not available to renewals)
 April - June = 25% discount
 July-Sept. = 50% discount
 Oct-Dec. = 75% discount

ADDITIONAL FAMILY MEMBERS

Name	Date of Birth	E-Mail	Gender	Grand Prix
_____	_____	_____	M F Y N	
_____	_____	_____	M F Y N	
_____	_____	_____	M F Y N	
_____	_____	_____	M F Y N	

GRAND PRIX

I wish to participate in the 2012 Grand Prix Competition (Circle Y or N above for each member)

VOLUNTEERS:

I am interested in serving as a volunteer when available.

CLUB MEMBERSHIP APPLICATION 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 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, 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, Tennessee River Athletic Club and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature _____ Date _____

(Parent's Signature if under 19 years)

Return completed, signed application along with dues to:

**Tennessee River Athletic Club
 P. O. Box 1019
 Florence, AL 35630**

(For more information call: (256) 760-9502 or (256) 757-9470)