

Hopkinton Running Club



Membership Application

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Email Address (*Print Clearly*) _____

Home Phone (____) _____ Work Phone (____) _____

Date of Birth ____/____/____ Sex: M _ F _

WAIVER

I understand that running and participating in club workouts and/or races are potentially hazardous activities. I understand that I should not enter and run in club activities unless I am medically able and properly trained. I assume all risks associated with running, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and 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 all sponsors, the Hopkinton Running Club, the Hopkinton Athletic Association, and all of its agents, employees and/or contractors, and 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: _____ Date: _____

Please mail completed form, with a check for \$20 payable to Hopkinton Running Club to:

Stephanie Whelan

15 Valleywood Road

Hopkinton, MA 01748