



2021 Membership Application

Name _____ Email Address _____

Home Phone (____) _____ Alternate Phone (____) _____

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

Address _____

City _____ State ____ Zip _____

Secondary Member Information (for Household Membership):

Name _____ Email Address _____

Home Phone (____) _____ Alternate Phone (____) _____

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

Please check your membership level: Membership Valid through December 31, 2021.

_____ New Individual Membership: \$25 _____ New Household Membership: \$40

_____ Renewed Individual Membership: \$25 _____ Renewed Household Membership: \$40

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, 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.

Primary Member Signature: _____ Date: _____

Secondary Member Signature: _____ Date: _____

*Please mail completed form, with a check payable to the Hopkinton Running Club to:
Hopkinton Running Club, PO Box 75, Hopkinton, MA 01748
Questions? Contact Xiali He, HRC Membership, at hopkintonrunning@gmail.com.*