

MEMBERSHIP APPLICATION

SIERRA RACEWALKERS

P.O. Box 5221
Fair Oaks, CA 95628

Name: (please print)	Telephone:	
Address:	Home:	Work:
	Email address:	
Occupation:	Birthdate (mm/dd/yy):	

- Membership:**
- Individual - \$20 per year
 - Family - \$30 per year
 - Newsletter Only - \$14 per year

Please make check payable to: **Sierra Racewalkers**

How did you discover Sierra Racewalkers?

What is your interest in joining Sierra Racewalkers? (check all that apply):

- Competition
 Weight Loss
 Socializing
 Fitness/Health
 Other

Signature:

Date:

WAIVER

In consideration of your accepting my participation, I, intending to be legally bound, do hereby for myself, my heirs, executors, and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Sierra Racewalkers (heretofore known as "SR") or school, park and recreation department, etc., or against any and all organizations, sponsors, and/or individuals connected with these walks; and assign for all injuries suffered by me while traveling to or from or while participating in these events. I further attest that I am physically fit and have trained to participate in these walks.

On behalf of myself, my heirs, legatees, personal representatives, and all those claiming by or through me, I do hereby agree to waive all claims or defenses for any personal injury and assume all risk of such injury to myself or other members of my family who may participate in SR activities, and I hereby hold harmless any claim which may arise against SR, staff, or instructors for any personal injury and damage to persons or properties of others caused by or resulting from my participation in any activities of SR.

I further expressly agree that all activities, exercise, and use of facilities with SR shall be undertaken by me at my sole risk, and I agree to hold harmless SR for any injury incurred for any cause whatsoever, including but not limited to gross negligence by SR representatives, staff, owners. I understand I am not obliged or forced to partake in any SR activities, but may choose my activities and stop my participation at any time or moderate my efforts at exercise as I choose.

I understand that SR makes no warranties and no representations, express or implied, other than those set forth herein. I certify that I have carefully and fully read this agreement, that I fully understand this agreement and sign it accordingly. I hereby accept and agree to abide by the terms listed above. If I am under 18 years of age, my guardian signs below on my behalf.

Applicant's Signature:

Date:

Guardian's Signature:

Date: