



## Membership Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home phone number: \_\_\_\_\_

Alternate phone number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please check: \_\_\_\_\_ Individual (\$10.00) \_\_\_\_\_ Family (\$15.00) (Dues are per calendar year, Jan - Dec)

If family membership, please list names of family members:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_ Yes, for an additional \$9.00, I would like to subscribe to **Texas Runner & Triathlete** for one year.

\_\_\_\_\_ No, thanks!

In consideration of your acceptance of this membership application, I, for myself, my heirs, executors, administrators and assigns, forever release and discharge any and all rights, demands, claims for damages and cause of suit or action known or unknown, that I may have against the San Marcos Runners Club, and any and all directors, officers, or employees, for any and all injuries to or by me in said club events and activities. I verify that I have full knowledge of the risks in club events and activities, that I assume these risks, that I will assume and pay my own medical and emergency expenses in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses, and that I am physically fit and sufficiently trained to participate in club events and activities. I release the rights to any and all videos, photographic materials, recordings or any other record of club events and activities in which I am involved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make checks payable to **SAN MARCOS RUNNERS CLUB**. Mail to:

San Marcos Runners Club  
c/o Teresa Medina, Membership Director  
P.O. Box 643  
Kyle, TX 78640