



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
Membership Director
P.O. Box 1203
San Marcos, TX 78667