2005 Argonne Running Club Membership Application

Name _____ Birthdate _____

Division _____ Building _____

Lab Phone _____ Home Phone_____

E-mail Address _____

☐ I would like to assist in organizing monthly fun runs.

☐ Are you planning to run the Chicago Marathon this year?

☐ Are you interested in working at the Chicago Marathon this year?

Membership dues: $10.00/year
$3.00/year – students

Please make checks payable to **Argonne Running Club** and mail to: Paul Eident, Bldg. 200, CHM Division (questions: Paul x3579 or email: eident@anl.gov).

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Club Membership Waiver

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, 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 the Road Runners Club of America, the Argonne Running Club and all sponsors, 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_____