

ARGONNE RUNNING CLUB 2017 MEMBERSHIP APPLICATION

Name _____

Division _____ Building _____

Lab Phone _____ Age: over 18? YES NO

E-mail Address _____

I am willing to help organize a monthly fun run

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

Please make checks payable to Argonne Running Club and mail to:
Scott Ehling, Bldg. 240, MCS Division (x3338 or email: sehling@mcs.anl.gov).

Club Membership Waiver

I know that running and/or volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities or permit my minor child/ward to participate unless we are medically able and properly trained. I and my minor child/ward 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, I, for myself, for my minor child/ward and anyone entitled to act on my behalf, waive and release Argonne National Laboratory, 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. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

Signature _____ Date _____

Parent/Guardian if applicant is less than 18 years of age _____