

Membership Application

The Interurban Runners Club

Name(s) _____

Address _____

City _____

State _____ Zip _____

E-Mail _____

Day Phone _____

Evening Phone _____

Please do not list my phone number in directory.

Date of Birth (M-D-Y) _____ - _____ - _____

New Renewal

Type of Membership:

Please Indicate Interests:

Individual (\$15.00)

Regular Workouts

Family (\$17.00)

Marathons

Student (\$ 5.00)

5 &10 k Races

Must be in HS or college

Ultra Runs

Relays

Waiver: I, my heirs, executors, administrators, and assigns waive, release and discharge any and all rights or damages against the Interurban Runners Club (IRC) and its sponsors, directors and agents for all claims arising or resulting from traveling to or from and participating in IRC events. I attest that I have full knowledge of the risks involved in running and that I am physically fit and sufficiently trained to participate.

Signature (Parent or Guard if under 18)

Date

Please make checks payable to:
Interurban Runners Club

Mail to:
**Interurban Runners Club
Membership Coordinator
P.O. Box 24882
Federal Way, WA 98093 - 1882**