

Membership Form



Type of Membership

Dues are paid at the start of each calendar year.

New _____ Individual (\$20) _____
Renewal _____ Couple/Family (\$30) _____

Personal Information

Name	_____	Name	_____
Address	_____	Address	_____
	_____		_____
Phone	_____	Phone	_____
Email	_____	Email	_____

Waiver and Release

I verify that I have read, understand, and fully accept the terms of this waiver and release. My signing and submission of this form shall act as my full acceptance of any risk of participation or volunteering in activities of the Loudoun Road Runners (“LRR”). I know that volunteering, running, or walking in running-related activities is a potentially hazardous activity, which could cause injury or death. I understand that I should not participate or volunteer unless I am medically able and sufficiently trained to do so. I assume all risks associated with my voluntary participation in all LRR activities, including but not limited to traffic and other conditions of the trails and roads, falls, and contact with other human participants or animals, and the effects of the weather, including extreme temperatures and precipitation. Knowing these facts, for, and in consideration of, my participation in the LRR related activities, I, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue and fully release and discharge the Loudoun Road Runners organization, hosts, sponsors, volunteers, and any and all officers, directors, employees and other representatives of the foregoing, and any successors or assigns of the foregoing, and hold and waive them harmless from and against ANY AND ALL actions, claims, injuries, demands, liabilities, loss, damage, or expenses, including but not limited to death, personal injury, and property loss or damage, whether foreseen or unforeseen, arising out of, or in the course of, my participation or volunteering in LRR related activities. The above has been read and by signing this form I understand and agree with all of the terms of the waiver statement.

_____	_____	_____	Initial if you would like this waiver to remain in force for the duration of your active membership
_____	_____	_____	

Signature(s) of Applicant(s) **Date**
(Parent if applicant is under 18 years of age)

Mailing Address

Loudoun Road Runners, P. O. Box 3342, Leesburg, VA 20177