



SPACE COAST RUNNERS MEMBERSHIP APPLICATION



PO BOX 541837, MERRITT ISLAND, FL 32954 | WWW.SPACECOASTRUNNERS.ORG | MAKE CHECKS PAYABLE TO SPACE COAST RUNNERS

Select One: New Member _____ Renewal _____ Address change _____

Select Type of Annual Membership:

_____ **Individual** - \$30 - Membership benefits apply to the primary account holder.

_____ **Family** - \$40- Membership benefits apply to 2 adults and children UNDER 25 years of age.
All family members MUST have the same mailing address.

_____ **Student** - \$15 - Membership benefits apply to an eligible student, UNDER 25, enrolled in school full time.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ DOB: ____/____/____ Age: _____ Sex: M / F

Email: _____ Volunteer? YES / NO

Emergency Contact: _____ Phone: _____

Additional Family Members (if applicable):

Name: _____ DOB: ____/____/____ Sex: M / F Vol? YES /NO

Email: _____ Phone: _____

Name: _____ DOB: ____/____/____ Sex: M / F Vol? YES /NO

Email: _____ Phone: _____

Name: _____ DOB: ____/____/____ Sex: M / F Vol? YES /NO

Email: _____ Phone: _____

Waiver: I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and participate 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 in SCR events including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road, such as risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, Space Coast Runners, Inc., and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____