

# HMRRC Membership Application Form

(Please print Carefully)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER: F M

OCCUPATION: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

New Applicant       Renewal       Address Correction

Interested in volunteering @ races

Name, DOB, and Gender of additional family member(s):

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

\_\_\_\_\_ / / \_\_\_\_\_

Individual (\$12.00)       Couple (\$15.00)       Youth Under 20 (\$9.00)  
 Family (\$15.00)       Gift Membership

Donation amount, if you can afford, and choose to (tax deductible): \_\_\_\_\_

I realize there are certain dangers associated with distance running. I hereby for myself, heirs, executors, or assigns waive and release any and all claims I may have against the Hudson-Mohawk Road Runners Club, its officers or membership, the State of New York, or any race official or participant for any injury, illness or property loss which might occur to me while competing in, traveling to, or returning from any event sponsored by the club.

\_\_\_\_\_  
Signature of Member(s) or donor (if gift)

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18 years of age)

Mail application and check to:  
Hudson-Mohawk Road Runners Club  
PO Box 12304  
Albany, New York 12212

Make Checks Payable to **HMRRC**