

Membership Application

Name:		DOB:	
Spouse (if joining):		DOB:	
Mailing Address: _			
Town:	State:	Zip:	
Phone #:			
E-Mail:		Spouse E-Mail:	
Emergency Contact	t:		
Emergency Contact	t Phone #:		
Race Results: Would page? Yes	d you like any of your race resu No	ts posted on the HRH website Race	Results
Member Roster: Wided to members of	Yould you like your membership the Hill Runners of Hunterdon?	information included in the roster the Yes No	at is pro
	or the Hill Runners of Hunterdon d to offset cost of services provi	are \$25/year (individual) or \$40/yearded to members.	ar
hazardous activities. races including, but raincluding high heat a acceptance for memberelease the Hill Runnall claims or liabilities.	I assume all risks associated with not limited to, contact with other and/or humidity; knowing these pership, I, for myself and anyone ners of Hunterdon and all sponsors of any kind arising out of my	ck in club races and events are potent th running and volunteering to work participants, the effects of the weath facts, and in consideration of your entitled to act on my behalf, waive rs, their representatives and successor participation in these club events even arelessness on the part of the persons	in club her, and ors from
Member Signature:		Date:	
Spouse Signature: _		Date:	
Amount Enclo	osed:		

Complete this form, make check payable to the Hill Runners of Hunterdon and mail to:

Hill Runners of Hunterdon 202 Stanton Mountain Road Lebanon, NJ 08833