



Membership Application

Name: _____ DOB: _____

Spouse (if joining): _____ DOB: _____

Mailing Address: _____

Town: _____ State: _____ Zip: _____

Phone #: _____

E-Mail: _____ Spouse E-Mail: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

Race Results: Would you like any of your race results posted on the HRH website Race Results page? **Yes** **No**

Member Roster: Would you like your membership information included in the roster that is provided to members of the Hill Runners of Hunterdon? **Yes** **No**

Fees: Annual dues for the Hill Runners of Hunterdon are \$20/year (individual) or \$30/year (family), and are used to offset cost of services provided to members.

Waiver: I know that running and volunteering to work in club races and events are potentially hazardous activities. I assume all risks associated with running and volunteering to work in club races including, but not limited to, contact with other participants, the effects of the weather, including high heat and/or humidity; knowing these facts, and in consideration of your acceptance for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Hill Runners of Hunterdon and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club events even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Member Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

Amount Enclosed: _____

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

Hill Runners of Hunterdon
P.O. Box 655
Lebanon, NJ 08833