



Membership Application

First Name	MI	Last Name	Gender (M or F)	Birthdate
Address (Street, City)			State	Zip
Preferred Phone		Email address		
Would you like to be added to the High Plains Harriers "Upcoming Events" e-mail list? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of Membership (please check one) <input type="checkbox"/> Individual (\$20) <input type="checkbox"/> Student (\$15) <input type="checkbox"/> Family (\$35)				

WAIVER

Please read and sign

I know that running and volunteering to work in club events are potentially hazardous activities. I should not enter and run in club activities unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to complete the run safely. I assume all risks associated with running and volunteering to work in club events including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the American Association of Running Clubs, the High Plains Harriers 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 the waiver. I grant permission to all of the foregoing to use photographs, motion pictures, recordings, or any other records of these events for any legitimate purpose. I understand that bicycles, skateboards, and roller skates/blades are not allowed in the events and I will abide by this guideline.

Signature	Date
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Additional Family Members (All members must sign. If under 18, parent or guardian must sign)

Name	Gender	Birthdate	Signature	Date
Name	Gender	Birthdate	Signature	Date
Name	Gender	Birthdate	Signature	Date
Name	Gender	Birthdate	Signature	Date
Name	Gender	Birthdate	Signature	Date

Please make checks payable to: High Plains Harriers
Mail to: High Plains Harriers
P.O. Box 1292, Laramie, WY 82073