



**Wineglass Running Club**  
*Running for Generations*  
**Membership Application**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Family Membership:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birth date: \_\_\_\_\_

For additional family members, add the above information to the back of this form.

**Membership fees:** Membership year December through November (after June 1<sup>st</sup> pay ½ fee)

Individual \$10.00

Family \$15.00

**Additional support:** Your help is needed. Please indicate how you can volunteer:  
(check categories and/or write-in how you will help - time, skills, experience, equipment, etc.)

race director  race coordinator  race support  communication  administration  training

**Waiver:** I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter, assist, or 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 safely complete in the run. I assume all risks associated with running and volunteering 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 my 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, Wineglass Running Club, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If under 18, parent/guardian must co-sign

Mail with check to: Wineglass Running Club, PO Box 117, Corning, NY 14830

Visit us at [www.wineglassrunningclub.com](http://www.wineglassrunningclub.com)