



Narragansett Running Association  
PO Box 3214  
Narragansett, RI 02882

## MEMBERSHIP APPLICATION

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

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

\_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_

E\_MAIL: \_\_\_\_\_

MEMBER DUES: \$10 per two years.

Your membership is good for two years. Make checks payable to Narragansett Running Association. Mail application to the address at the top of this page.

I know that running and volunteering to work in club races 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 safely complete the run. I assume all risks associated with running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including 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 Narragansett Running Association, USATF, 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature of parent or guardian if under 18 years of age.