## Please Print Legibly

## **ROXBURY ROAD RUNNERS CLUB**

	AMOUNT PAID:	
Check One: SEASON MEMBER (valid March-December 2022)	or WEEK	LY WAIVER
NAME	DATE	E OF BIRTH
ADDRESS		
(city)		
EMAIL	CELL #	
EMERGENCY CONTACT: NAME:		CELL #:
I,	or organized growhich could cause or social every that I am med th, and I am proget the Roxbury Road agree to abid ating in club active weather, included a conditions of the conditions of the Roxbury I are not advised as recommendate our accepting ment the Roxbury I allow the Road Rull claim or liability may arise any other recorded race fees sure for on-course are open to velocity.	cup runs, social events, and races with use injury or death. I will not participate in ints, unless I am medically able and lically able to perform all activities operly trained. I agree to abide by all all to deny or suspend my participation for load Races Club Code of Conduct. I le by them. I assume all risks associated divities which may include: falls and cluding but not limited to heat, cold, of the road, all such risks being known lards, baby joggers, roller skates or roller to be used in club organized activities tion. Having read this waiver and my membership, I, for myself and anyone Road Races Club and its officers and mners Club of America, all club sponsors, ies of any kind arising out of my e out of negligence or carelessness on sion to all of the foregoing to use my defor any legitimate promotional purposed upport solely the administration of the safety enhancements. I agree to
Signature:		Date:
Parent's Signature if under 18 years: _		Date: