

MEMBERSHIP APPLICATION



* Optional Information. You may type directly onto this form by moving your cursor to a field.

[CLEAR FORM](#)

NAME

[PRINT FORM](#)

STREET

CITY

STATE

ZIP

TELEPHONE*

Home

Work

Cell

E-MAIL*

BIRTHDAY*

Month

Day

ANNIVERSARY*

Month

Day

Year

PARTNER*

Name

PRIMARY INTEREST

Running

Walking

Both

MEMBERSHIP TYPE

Individual \$25

Household \$40

Student \$10

Check here if this is a renewal

CONTRIBUTION*

Optional. Check any or all.

Grove \$10

Help Member \$10

Cap Hill Classic \$25

Special Events \$10

AMOUNT DUE

Please sign, date and mail this form with your payment to:

DC Front Runners

P.O. Box 65550

Washington, DC 20035-5550

Waivers and disclaimers

I know that running, walking, and volunteering to work in races and other club events are potentially hazardous activities and that I should not enter or participate in such 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 a run. I assume all risks associated with running and volunteering to work at club races and activities including, but not limited to falls, contact with other participants, the effects of the weather, including high heat 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 by your acceptance of my application for membership, I, for myself, and anyone entitled to act on my behalf, waive and release DC Front Runners and International Front Runners, 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 this waiver. Further, I hereby grant full permission to any of the foregoing to use my name and any photographs, videotapes, and any other record of club events for any legitimate purposes.

Signature _____ Date _____