



MEMBERSHIP APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/MOBILE PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

GENDER: (Circle one) MALE FEMALE DATE OF BIRTH: _____

T-SHIRT SIZE: (Circle one) S M L XL XXL

MEMBERSHIP TYPE: (Circle one) Individual Household

IF HOUSEHOLD MEMBERSHIP, PLEASE LIST THE NAMES & DATES OF BIRTH OF OTHER HOUSEHOLD MEMBERS:

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

I understand that the BLUEgrass Runners Club is a nonprofit running club organized to foster safety and promote excellence for runners and walkers of all ages, levels and abilities in the Bluegrass area. As a BLUEgrass Runner, I will adhere to this purpose and abide by the Club's constitution, by-laws and rules, as established by the membership and Board of Directors. I also agree to hold the Club harmless from any and all liability for injury sustained while participating in any activity organized, promoted or sponsored by the Club. I understand that there are safety risks inherent in walking and running, including injury or strain due to physical exertion, motor vehicles and hazardous road conditions, extreme weather conditions, and other elements and individuals not within the control of the Club, its officers or directors, and assume these risks as a condition of my membership in the Club.

SIGNATURE: _____ DATE: _____

Send this completed form with a check payable to 'BLUEgrass Runners' for \$25 for an individual membership or \$30 for a household membership to PO Box 23551, Lexington KY 40523. If you'd prefer to apply for membership and/or pay your dues online, please visit us at www.bluegrassrunners.org.

Thanks for joining us. We look forward to running with you!