



Glen Ellyn Runners

Membership Application

glenellynrunners.org

Personal Information

Name: _____ Sex: M F

Street Address: _____ Birth Date: ____/____/____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Cell Phone (optional): _____

Email Address: _____ work home

Membership Information

NEW MEMBER RETURNING MEMBER

SINGLE (\$52 per year) FAMILY (\$78 per year) membership will expire on 12/31.

For FAMILY Memberships (up to 4 individuals living within the same household), please provide any additional names. All members age 18 and over must sign the waiver below. Parent or guardian must sign for anyone under 18 years old.

Name: _____ Email: _____ Birth Date: ____/____/____ Sex: M F

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Name: _____ Birth Date: ____/____/____ Sex: M F

Payment Information

Membership Fee: \$ _____

Donation to Glen Ellyn Runners: \$ _____

Total amount enclosed: \$ _____
(Please make checks payable to Glen Ellyn Runners.)

Please send this application and your membership payment to:

GER
PO Box 485
Glen Ellyn, IL 60138

How did you find out about the GER?

Are you interested in:

Marathon Training Half Marathon Training

5k/10k Training Running for fitness

Volunteering for GER?

Have you ran a Marathon? Y N

Have you ran a Half-Marathon? Y N

Waiver of Claim (Must be read carefully and signed below.)

I know that running and volunteering to work in club runs are potentially hazardous activities. I will not enter, run in or work in club activities unless I am medically able and properly trained. I assume all risks associated with running and volunteering work in club runs 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, and my known and unknown medical conditions, 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, my family, heirs and representatives, anyone entitled to act on my behalf, waive any and all claims against and release and discharge the Glen Ellyn Runners Club, Inc., all sponsors, and their representatives, agents, officers, board members, successors, assigns, and all other persons connected with this club, from all claims of liability of any kind arising out of my participation in these club activities. All members age 18 and over must sign this waiver. Members under 18 must have parent or guardian sign this waiver. The member agrees to the use of member's photograph in club brochures and on club internet sites..

Signature Date: ____/____/____

Signature Date: ____/____/____

Signature Date: ____/____/____

Signature Date: ____/____/____