

PLEASE PRINT

Name:						
Street Address:						
City:			State:	Zip:		
Date of Birth:	Gender	E-mail:				
Iome Ph: Work Ph:		1	Other Ph:			
Please check here if you do <u>NOT</u> want your number listed in our New Southernmost Runners Directory:						
If Family Membership is desired, ple	ase list all family mo	embers gender and	birth dates:			
Occupation and interests:						

Benefits

Monthly Info Flyer and local Race Calendar. Socials and fun runs.

MEMBERSHIP APPLICATION WAIVER

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter any running club activities unless I am medically able and properly trained. 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 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 Key West Southernmost Runners Inc. and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities.

Signature	
Signatare	

Date

Parent's Signature if under 18 years

Please mail checks (Payable to Key West Southernmost Runners) to: KWSRMore info and event calendar at Website: www.southernmostrunners.comPO Box 5923Questions or more information: 305-304-0091, e-mail: <a href="mailto:runnnmailto:runnmai

KWSR PO Box 5923 Key West, FL 33045^{the}RMOST RUNNER

Date