

Riverhead Running Club, INC.
Post Office Box 235, Aquebogue, NY 11931

Holly S. Payton
President

Justin T. Cobis
Vice President



Jill Tapper
Secretary

Membership Application

Name _____ USATF Membership # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Tee Shirt Size (S) (M) (L) (XL)

E-Mail Address _____

How to become a member of USATF:

Membership to Riverhead Running Club is free, however for insurance and affiliation purposes we encourage all of our members join USATF. As a member club we practice, compete and travel under the USATF Member Club Status. Please complete this application as well as the USATF APPLICATION found on our website. Becoming a member of USATF allows for insurance coverage for club practices and competitions and allows for discounted entry fees at all USATF Events.



Club Number 59-1061

I know that running and volunteering to work in club races and events are potentially hazardous activities. I should not enter and run in club 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 the run. I assume all risks associated with running and volunteering to work in club races and events including, but not limited to, falls, contacts with other participants, the effects of weather including high heat and or humidity, dehydration, the condition 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 Riverhead Running Club INC, USATF, their officers, and all sponsors and representatives, from all claims or liabilities of any kind arising out of my participation in the club activities. Submission of this form and my (our) signatures signifies acceptance of the conditions as listed above.

Signature _____ Date _____

Parent Signature (If under 18) _____ Date _____