GREATER MANCHESTER RUNNING CLUB

New Member Application

Personal Information

Name:

Street Address

City: State: Zip:

Birthday (MM/YY):

Email:

Phone:

Additional family member info for family memberships (names, emails, etc.)

Family Member:	Email:
Family Member:	Email:
Family Member:	Email:
Family Member:	Email:
Family Member:	Email:

MEMBERSHIP FEES

Individual: $30 | Family: $35 | Make checks payable to **NH Athletic Alliance**

Mail checks to
GMRC
% Peter Madden
1490 Belmont St
Manchester, NH 03104

ACKNOWLEDGEMENT

I, _____, hereby for myself and my heirs, waive and release all claims and damages I may have against NH Athletic Alliance Running Club/Greater Manchester Running Club for any and all injuries sustained during my participation in any of the activities, events, or workouts of NHAARC/GMRC.

Signature: Date: