



*Office use only* Date received: \_\_\_\_\_

## 2020 Registration Renewal Form

1. **Name:** \_\_\_\_\_

2. **Has your contact information changed recently?**

\_\_\_\_\_ **No.** Skip this section and go on to #3.

\_\_\_\_\_ **Yes.** Please list your current information below.

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

3. **Person to contact in emergency:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

4. **Do you have any medical condition, prior or current injury, or other condition that might limit your training and/or racing in any way? Yes  No**

If yes, please specify: \_\_\_\_\_

5. **Are you a USATF member? Yes  No**

If yes, USATF member number: \_\_\_\_\_

6. **Yearly membership fee is \$60. (\$100 maximum per family.) Please make check out to: Ronald McDonald House of Providence.**

Check here to receive only emails from the Ronald McDonald House of Providence directly related to the running club.

Check here if you would prefer that your race results be published ONLY if you email them directly to the results coordinator.

Do you have special skills or talents are you willing to contribute to the club (e.g. fundraising, software/design, transportation, coaching...)? Let us know.

7. **Complete and sign the waiver.**

8. **Return this form, including the waiver, along with your renewal fee by April 1 to: Ronald McDonald House of Providence, 45 Gay Street, Providence RI 02905.**

Ronald McDonald House of Providence Running Club

**LIABILITY RELEASE**

I, \_\_\_\_\_, intending to be legally bound, understand and agree that I am voluntarily participating in the Ronald McDonald House of Providence Running Club (RMHPRC) at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in the physical trainings and competitions and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by my own physician that would in any way prevent me from actively participating.

In consideration of being permitted to participate in the RMHPRC, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and agree to hold harmless the Ronald McDonald House of Providence, its Officers, Trustees, agents, employees, and representatives, together with its insurers, of and from any and all liability, claims, damages or causes of action for any reason, including, without limiting the generality of the following, death, bodily injury, property damage or any loss or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in the RMHPRC.

I understand that any and all training instruction received is advisory in nature, and it is my responsibility to use prudent judgment in daily training.

I also give permission for the free use of my name, picture and voice in any broadcast, telecast, print account, or any other account in any medium of the RMHPRC.

Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

\*Must be signed by parent or legal guardian if participant is under age 18 on the date this release is signed.

The undersigned certifies that he/she is the parent or legal guardian of the participant, and as such and on behalf of myself and the participant, agrees to the terms of the Release, releases all parties and entities set forth above from all Liabilities, and indemnifies and holds harmless the Ronald McDonald House of Providence from all liabilities.

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_