



Office use only Date received: _____

2024 RMHP Running Club 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 #: _____

6. **Please indicate your preferences below:**

I'd like to receive only emails from the Ronald McDonald House of Providence directly related to the running club.

Only publish my race results if I email them directly to the results coordinator.

I'd like to be included on a club listserv for trail running information.

I'd like to be included on a club listserv for triathlon-related information.

7. **Complete and sign the waiver.** Membership is subject to the By-Laws of the Ronald McDonald House of Providence Running Club.

8. **Yearly membership fee: \$65; \$110 max. per family. Students: \$15.** Please make check payable to: Ronald McDonald House Charities of New England (RMHCNE). Return this form, including the waiver and membership fee by April 1 to the Ronald McDonald House Charities of New England (RMHCNE), 45 Gay Street, Providence RI 02905.

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.

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 Charities of New England, 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 Charities of New England from all liabilities.

Date: _____

Signature of Parent/Guardian: _____