

2017 SFTC MEMBERSHIP APPLICATION

Membership year is January 1, 2017 through December 31, 2017

You can also register your membership **ONLINE** at RunTriCities.org

Individual \$15 _____
Family \$20 _____
Youth (age 25 and under) \$10 _____

Make checks payable to SFTC
MAIL TO: Karen Seiferth
SFTC Membership Chair
1903 Millbrook Drive
Johnson City, TN 37604

* Family memberships apply to members living at the same address.

Full or partial payment may be made with SFTC Volunteer Points (1 point = \$1). Number used: _____

Contribution to Scholarship Fund \$ _____ Capital Fund \$ _____

1. Name _____ Birth Date ____/____/____ Gender _____
Address _____ City _____
Zip _____ E-mail Address _____

* **FAMILY** - List all **additional** family members to be included in membership:

2. Name _____ Birth Date ____/____/____ Gender _____
E-mail _____

3. Name _____ Birth Date ____/____/____ Gender _____
E-mail _____

4. Name _____ Birth Date ____/____/____ Gender _____
E-mail _____

5. Name _____ Birth Date ____/____/____ Gender _____
E-mail _____

Volunteer opportunities: note which member (numbered above) the activity applies to:

_____ Help at races _____ Help with Social Events
_____ Act as liaison between SFTC and a race _____ Serve on the STFC Board
_____ Help transport equipment to/from events _____ Help with Youth Events
_____ Be a SFTC competition scorekeeper
Other (please describe) _____

I know that running and volunteering to work in club races 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 including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/ or humidity, 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 **Health and Fitness Club of America, the State of Franklin Triathlon Club and all sponsors, their employees and successors** from all claims or liabilities of any kind arising out of participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

SIGNATURE

PARENT'S SIGNATURE (under 18 yr)

DATE

RunTriCities.org