



## MEMBERSHIP APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

SEX: MALE \_\_\_\_\_ or FEMALE \_\_\_\_\_ EMAIL \_\_\_\_\_

**WAIVER / DISCLAIMER:** In order to participate in the Amazing Grace Track & Field Club (AGTC), I do for myself, my heirs, my administrators, and all others waive, release, and forever discharge any and all claims for damages which I may have or which may hereinafter accrue to me or my heirs against the AGTC, all sponsors, officers, USATF, the City of Crete, the designated practice facilities, and agents thereof. I certify that I am in good physical condition and I recognize that fitness activities can vary in intensity, and that weather conditions can vary from extreme heat to extreme cold in short periods of time. I am including the signature of my parent or legal guardian if I am a minor, or if I have not reached the legal age of majority.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature (Legal Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**MEMBERSHIP IS FREE!**

**PLEASE SEND YOUR COMPLETED MEMBERSHIP APPLICATION TO:**

