

Front Runners New York

Membership Application Form 2008

Please check appropriate: _____ New Member _____ Returning Member

Please check membership type and circle payment amount based on joining date

	Join Jan 1 – April 30	Join May 1 – Aug 31	Join Sept 1 – Dec 31
Individual Annual	\$30	\$20	\$10
Household	\$54	\$36	\$18
Silver Sneaker	\$50	\$50	\$50
Golden Sneaker	\$100	\$100	\$100
Benefactor*	\$1000	\$1000	\$1000
Subsidized/Hardship	\$21	\$14	\$7
All Memberships Expire December 31st			

(*Benefactor includes Lifetime Membership, yearly Pride Run entry, recognition in printed materials, partially tax deductible)

If you would like to make an additional donation to the FRNY Charitable Foundation, please indicate the amount here: _____

(YOU CAN SUBMIT THE TOTAL OF YOUR MEMBERSHIP DUE AND CHARITABLE FOUNDATION DONATION IN ONE CHECK)

If Household Membership, please indicate partner _____

(YOU CAN SUBMIT ONE CHECK FOR YOUR HOUSEHOLD, HOWEVER PLEASE SUBMIT A SEPARATE MEMBERSHIP FOR PARTNER. FOR INFORMATION PURPOSES)

PLEASE PRINT CLEARLY

Name: _____
 Address: _____
 City, State, Zip: _____
 Home/Cell Phone: _____
 Work Phone: _____
 E-Mail: _____
 Birth Date: _____

Sex: F / M **Please check if you DO NOT want to be included in the FRNY directory.** _____

Membership Waiver: *I acknowledge that training for an or racing in a running event, duathlon, triathlon, or other multi-sport can be an extreme test of a person's physical and mental limits, is potentially hazardous, and carries with it the potential for injury or property loss. I hereby assume the risks of participating in all activities organized by Front Runners New York, Inc., or its members. I certify that I am physically fit and have not been advised otherwise by a qualified medical person.*

I affirm that I have read this document and understand its contents. In consideration for your acceptance of this application to become a member of Front Runners New York, Inc., a) I for myself and for anyone entitled to act on my behalf, waive, release, and discharge Front Runners New York, Inc., its members, sponsors, officers, representatives, and coaches from all claims and liabilities of any kind arising out of my participation in or traveling to or from a Front Runners New York, Inc., activity; b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived; and c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions during an organized Front Runners New York, Inc., activity even though that liability may arise out of the negligence or carelessness on the part of the persons named in this waiver.

Signature: _____
 Date: _____

**Make Check Payable and Send to:
 FRNY, PO Box 230087, Ansonia Station, NY, NY 10023**