



# Membership Application

Member Information (please print)       New Membership       Renewal/Change

Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Phone: \_\_\_ / \_\_\_ / \_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Email: fhh \_\_\_\_\_ [ ] Run [ ] Walk | Pace (minutes/mile) \_\_\_\_\_ : \_\_\_\_\_ Shirt Size \_\_\_\_\_

**Membership Type**

Individual Membership . . . . . \$30 (includes a MOVE shirt)

Family Membership\* . . . . . \$50 (includes (2) MOVE shirts)

\*Family members eligible: spouse, child, or significant other living in same household. Information for each family member included must be completed below.

*For Family Membership, complete information below for each additional participant.*

Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Phone: \_\_\_ / \_\_\_ / \_\_\_

Email: \_\_\_\_\_ [ ] Run [ ] Walk | Pace (minutes/mile) \_\_\_\_\_ : \_\_\_\_\_ Shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Phone: \_\_\_ / \_\_\_ / \_\_\_

Email: \_\_\_\_\_ [ ] Run [ ] Walk | Pace (minutes/mile) \_\_\_\_\_ : \_\_\_\_\_ Shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Phone: \_\_\_ / \_\_\_ / \_\_\_

Email: \_\_\_\_\_ [ ] Run [ ] Walk | Pace (minutes/mile) \_\_\_\_\_ : \_\_\_\_\_

Name: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_ Birthdate: \_\_\_ / \_\_\_ / \_\_\_ Phone: \_\_\_ / \_\_\_ / \_\_\_

Email: \_\_\_\_\_ [ ] Run [ ] Walk | Pace (minutes/mile) \_\_\_\_\_ : \_\_\_\_\_

*To add additional family members, complete the above information on the back of this form, or on separate page.*

**WAIVER, RELEASE, AND CONSENT** -- I know that running, walking and volunteering to work in MOVE club runs, walks, races, training programs and other activities are potentially hazardous activities and may result in accidents, serious injuries or property damage. I am medically able and properly trained for such activities. I assume all risks associated with running, walking, volunteering, and otherwise participating, including but not limited to, falls, contact with other participants, the effects of weather, including but not limited to, heat, humidity, rain and/or lightning, conditions of the road and traffic on the course, including but not limited to, icy and slick roads, sidewalks, trails, and paths, automobiles, bicycles and other vehicles. I agree to independently consult with my physician in the event of any injuries or medical questions arising from my participation in MOVE activities and I am responsible for my own medical expenses. In consideration of the acceptance of my application, I waive, release, and hold harmless MOVE and all of its officers, directors, members, volunteers and sponsors, the successors of each and the heirs, assigns and personal representatives of each individual and his or her estate, from all liabilities of any kind arising from my participation in these activities, even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver. I consent and grant my permission to MOVE to use, without compensation, my image or likeness in print and digital media which promote the club. I understand and agree that this Waiver, Release, and Consent is binding upon my heirs, assigns, and legal representatives.

Mail this form with check payable to: MOVE  
PO Box 994  
Madison, Indiana 47250

Signing below indicates that all participants listed on this membership application have read and agree to the waiver, release, and consent written above as well as the MOVE code of conduct found at [www.moverunningclub.com/membership](http://www.moverunningclub.com/membership).

MOVE Membership gets you into all MOVE events, lectures, and group runs for free.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date