West Virginia Mountain Trail Runners
Membership Form

The WVMTR is a club for runners of all abilities. Membership entitles you an active and voting role in the organization, the opportunity to enjoy a number of WVMTR events, meet some great folks and have some fine trail running experiences.

Name_____ Male _____ Female_____ Birthdate_____

Address_____ City _____State _____ Zip _____

Phone _____ Email _____

Individual $10 _____ Family $15 _____ Donation _____ 501(c)3 tax deductible

Additional family members

Name_____ Male _____ Female_____ Birthdate_____

Name_____ Male _____ Female_____ Birthdate_____

Name_____ Male _____ Female_____ Birthdate_____

Waiver

The WVMTR has obtained an insurance policy that covers all sanctioned events and club activities including races, fun runs, picnics, meetings and expos. Please sign this waiver to be covered by our policy. This will be kept on file. 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 the WVMTR, the West Virginia Mountain Trail Runners, all organizers and sponsors and supporters, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver.

Signature_____ Date_____

Signature_____ Date_____

Send to: WVMTR PO Box 18 Helvetia, WV 26224 ......and thanks