



Mail completed form and payment to:
Plano Pacers
 PO Box 867136,
 Plano, TX 75086-7136

MEMBERSHIP APPLICATION

New member Renewal

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ E-MAIL ADDRESS _____

MALE FEMALE DOB ____/____/____

Indicate how you wish to receive your newsletter: E-MAIL USPS

MEMBERSHIP DUES: \$25 INDIVIDUAL \$35 FAMILY \$10 STUDENT (18 AND UNDER)

FAMILY MEMBERS (FOR FAMILY MEMBERSHIP ONLY)

NAME	M	F	DOB
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____

Waiver of liability: In consideration of membership with the Plano Pacers, I, for myself, and my minor children, and anyone entitled to act on my behalf, forever release and discharge the Plano Pacers, its officers and members, any sponsors, volunteers, and their representatives from all claims and liabilities of any kind, whether injury, death, or property damage, arising out of my or my children's participation in Plano Pacers' activities. I understand and assume all risks associated with running and participating in the Club activities, but not limited to falls, contact with other participants, the effects of weather, the conditions of the course, and vehicles on the course, all such risks being known and appreciated by me. I will assume and pay for any medical and emergency expenses in the event of accident, injury, illness, or other incapacity regardless of whether I have authorized such expense. I understand that bicycles, skateboards, baby strollers, roller blades or skates, animals, and headsets are not allowed in Club races and will abide by this guideline. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other records for any legitimate purpose. **I have read the above and agree to it.**

Signature (Parent or guardian's signature if under 18) _____ Date _____