Eldersburg Rogue Runners

2017

**Annual Membership Rates:**

$5 Student

$15 Individual

$20 Family

**Membership Benefits:**

Discounts on Eldersburg Rogue Runners Club Races

10% Discount at Tri Sport Junction

Weekly runs

Challenges/Expeditions/Group Races

The Eldersburg Rogue Runners support runners of all ages and abilities. Funds raised for ERR are used for Website Hosting, Scholarships, Race support, Youth Program Support, Insurance through Freedom Area Rec Council, and the ancillary costs related to the weekly bagel runs and other challenges put on by the club

IN EMERGENCY CALL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HEALTH CONCERNS? \_\_\_YES \_\_\_NO IF YES, EXPLAIN

The above name person will participate in the activity named below. They understand that he/she is subject to the school and council rules of conduct. The undersigned acknowledges that the Freedom Area Recreation Council does not provide any registrant medical or hospitalization insurance whatsoever, and hereby waives any and all claims against the Freedom Area Recreation Council and the Carroll County Department of Recreation and Parks or any other person affiliated with the Freedom Area Recreation Council program for injuries sustained while watching or playing games or traveling to and from games or participation in any leisure time activity. I also agree that photographs taken of me while participating in this activity may be used for publicity purposes.

ACTIVITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact Madeline M. Morey, The Americans with Disabilities Act Coordinator,** [**410.386.3800**](tel:410.386.3800)**,** [**1.888.302.8978**](tel:1.888.302.8978)**, MD Relay 7-1-1/1.800.735.2258 or email** [**mmorey@ccg.carr.org**](mailto:mmorey@ccg.carr.org) **as soon as possible but no later than 72 hours before the scheduled event.**

2017 Membership Form

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text Y or N

Additional Family Members:

First name, last name and birthdate

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All adults must sign the waiver – parent’s signature will cover minor children listed above**

Waiver: The undersigned acknowledges that neither the Freedom Area Rec Council (FARC) nor the Eldersburg Rogue Runners(ERR) provide any registrant medical or hospitalization insurance whatsoever and hereby waives any and all claims against FARC, ERR the Carroll County Dept of Parks and Recreation or any other person affiliated with these entities and sponsors for injuries sustained while watching or participating in this event or traveling to or from the event. Undersigned also agrees that photographs taken of my child or myself while participating in this club may be used for publicity purposes.

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

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

Make Check Payable to Eldersburg Rogue Runners

Mail both pages to

ERR - Membership

PO Box 1726

Sykesville, MD 21784