

CHARGER CHALLENGE APPLICATION FORM

Program Desired: Charger Challenge Family 500 Mile

Name(s): _____ DOB _____ Age _____

_____ DOB _____ Age _____

_____ DOB _____ Age _____

_____ DOB _____ Age _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____

Shirt Size(s): S M L XL

Charger Member? (Y) (N)

Fee Enclosed \$ _____ (Payable to Syracuse Chargers Track Club, Inc.)

CHARGER CHALLENGE MEMBERSHIP WAIVER: I know that running and volunteering to work in club races and other activities can be hazardous. I agree not to participate in Club activities unless I am medically able and properly trained. I agree to abide by any decision of an official concerning my ability to safely participate in any activity. I freely and voluntarily assume all risks associated with competing, volunteering, and all other activities in which the Club is involved. Such risks include, but are not limited to: falls, contact with other participants, the dangerous or negligent behavior of other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road or other facilities, 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 AARC, USATF, Syracuse Chargers Track Club, Inc., and their officers, directors, and members, and all sponsors, their representatives and successors, from all claims or liabilities arising out of my participation in Club activities, even though that liability may arise out of negligence or carelessness on the part other persons named in this waiver. I grant permission to use for legitimate purpose any photographs, motion pictures, recordings, or other images of myself participating in Club activities.

Signature(s) _____ Date _____
_____ Date _____

I am signing this waiver as parent or legal guardian on behalf of the minor(s) named above. I agree to be responsible for the conduct and safety of the minor(s), and I recognize and assume the risks described above on behalf of the minor(s).

_____ Date _____
Parent's of Guardian's Signature if under 18 years

Return To: Ed Polly, 102 Rosewell Meadow // DeWitt, NY 13214