WATERSTOWN WARRIORS RUNNING CLUB

MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name:		
Address:		
Date of birth:	Phone:	Email:
I agree to Volunteer at one Athletics Ireland (AI) organized event per year. (AI provide nominal sum to the club per volunteer)	Yes	No

EMERGENCY CONTACT

Name:	
Address *(if different from above)*:	Phone:
Relationship to you:	
Do you have any allergies, chronic illness or medical condition? Yes No If yes, please give detail:	

RELEASE OF LIABILITY

By signing this form, I agree to participate in Waterstown Warriors Running Club (referred to herein as the "Warriors") and to release, waive, discharge, and covenant not to sue, and agree to hold the Warriors, its volunteers and any persons in charge from and against any and all liabilities, demands, claims, or injuries, including death, that I may sustain during or in conjunction with the Warriors Activity.

I agree that my safety is primarily my own responsibility. I agree to make sure that I know how to safely participate in the Activity, and I agree to observe any rules and practices that may be employed to minimize the risk of injury. I agree to stop and seek assistance if I do not believe I can safely continue, to limit my participation to reflect my personal fitness level, and to refrain from any and all actions that would pose a health risk to myself or others.

I have read and agree to the above conditions: YES NO

Signature of applicant:	Date:

Preferred Method of Payment of Annual Fee by Electronic Fund Transfer

Bank Name & Address: Ulster Bank, Palmerstown.
Account Number: 1026 7713
IBAN: IE89 ULSB 9850 4510 2677 13
BIC: ULSBIE2D
Please quote your Name in the Transfer Details

Official Use only	
Membership subscription received € chq / cash / EFT **(To Year Ending 31st December)**	AI Volunteer: Y / N
Member registration number:	
Signature of Committee Member:	Date: