



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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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 \_\_\_\_\_