



Phidippides Track Club Membership Registration/Waiver Form

Print and complete - mail or bring to the workouts:

Last Name: _____ **First:** _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____ **Age:** _____ **Sex:** _____

Email(s): _____ **Phone:** _____

Type of Membership: New Member _____ Returning Member _____

Dues: **\$35** per person per year

Membership is from March to March. Make checks payable to:

Phidippides Track Club

Mail to: Stella Heffron, PO Box 2213, Parker, CO 80134

For information, e-mail: stella@phidippides.com

Or

Bring payment to workout: Give to Mark Billingham

In consideration of acceptance of my membership in Phidippides Track Club, I for myself, my heirs, administrators and assigns, hereby waive, release and discharge any all rights and claims for damages against Phidippides Track Club and its officers and agents for any claims of damages in any manner arising of resulting from my participation in any activity conducted by or under the auspices of Phidippides Track Club.

Signature: _____ **Date:** _____