



# PFR Membership Information Form

[www.portlandfrontrunners.org](http://www.portlandfrontrunners.org)

Mail form and dues check to:  
**Portland Frontrunners Membership**  
P.O. Box 3533  
Portland, OR 97208-3533

Portland Frontrunners, a 501(c)(3) non-profit organization, is a member club of Road Runner Club of America (RRCA).

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### PFR Publication Permission:

OK to place your information within the online roster, in the members only section of the web site? **Yes No**

OK to have your photo in the PFR newsletter and/or Web site? **Yes No**

### Annual Membership Dues: (All memberships expire on Dec 31<sup>st</sup>)

**New Member**       **Renewal**       **Change of Address**

\$24.00 / yr      Standard Membership Rate

\$36.00 / yr      Couple Membership Rate (both signatures below)

\$12.00 / yr      Student Membership Rate

\_\_\_\_\_      Donation to club (tax Deductible)

### Liability Release:

*In consideration of my participation in the Portland Frontrunners, I, the undersigned, intending to be legally bound hereby, waive and release for myself, my heir, executor, administrators and assigns, any and all rights and claims for damages, demands and any other actions whatsoever, which I may have against the Portland Frontrunners, its representatives and its supporters, successors and assignees, arising out of my participation in any event sponsored or attended by the Portland Frontrunners, including any and all injuries suffered by me as a result of my participation in said events.*

*I verify that I have full knowledge of the physical requirements and the risks involved in participation, and that I am physically fit and have sufficiently trained for said events. Unless specifically stated at the time of said events, I acknowledge that there will be no medical support available.*

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

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

PFR USE ONLY: Amt Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Rec'd by: \_\_\_\_\_