



261[®] FEARLESS Club
2018 Membership
Member Information and
Waiver of Liability

Member Information

I, _____ (full name)

Address: _____

City, State: _____ ZIP: _____

E-Mail: _____

Phone / Mobile: _____

Date of birth: _____

a member of 261[®] Fearless Club Bloomington-Normal, Inc. (“the 261[®] Fearless Club”), hereby agree and acknowledge that participation in group running sessions, races and other forms of physical exercise could lead to injury or death.

Emergency contact Information – see attached Heartland Smart Steppers form, hereby incorporated into this Membership Information form.

Additional questions:

Do you have any medical problems e.g. asthma, heart problems, high blood pressure, epilepsy? Give details below

Is there a family history in your parents or siblings of heart disease or sudden death?

Are you taking any medications? Please list below

How much running have you done before? State complete beginner or what distance you have achieved and rough dates?

Do you grant permission to keep your phone number and emergency contacts on my phone?

Circle one: YES NO



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Waiver of Liability

I hereby agree that I will not participate in any Club events, meet runs or social events, unless I am medically able. By my signature, I hereby certify that I am (a) 18 years of age or older, (b) medically able to engage in strenuous physical activity and to perform all activities associated with the 261[®]Fearless Club and (c) in good health. I hereby further assume all risk, foreseen and unforeseen, relating to any of the foregoing certifications being untrue or inaccurate in any way.

I hereby agree to abide by all rules established by the 261[®]Fearless Club, including the right of any Club official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the 261[®]Fearless Club agree to abide by them. I assume all risks (a) associated with being a member of this Club, and/or (b) participating in Club activities, which risks may include: falls, physical contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the running courses, all such risks being known to and accepted by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed to be used in Club-organized activities and I agree to abide by this rule.

Having (a) read and fully understood this waiver, and (b) agreed and accepted each of the terms of this waiver, and in consideration of the 261[®]Fearless Club's acceptance of my membership, I, for myself and any person or entity entitled to act on my behalf, waive and release 261[®]Fearless Club Bloomington-Normal, Inc., and 261[®]Fearless, Inc., all club sponsors, together with their respective officers, directors, employees, volunteers, representatives and successors from all actions, causes of action, suits, sums of money, accounts, covenants, contracts, agreements, promises, damages (both actual and consequential), judgments, claims, counterclaims and demands whatsoever, in law, or equity (collectively, "Liability") arising in connection with my participation with the Club and/or any of its activities, even though any such Liability may arise out of negligence or carelessness on the part of the Club or any of its officers, directors, employees or volunteers. I further hereby grant the Club permission to use photographs, motion pictures, and recordings of myself or any other record of my participation in Club activities solely for the Club's promotional purposes. I hereby grant the Club permission to send me emails and information about the 261[®]Fearless Club.

Signature: _____

Date: _____

**Heartland Smart Steppers
EMERGENCY CONTACT FORM**

Name _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Email Address _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info (Optional):

Doctor Name _____ Phone # _____

____ I have voluntarily provided the above contact information and authorize Heartland Community College and its representatives to contact any of the above on my behalf in the event of an emergency.

____ I choose not to furnish any emergency contact information to Heartland Community College at this time.

Signature _____ Date _____