

GMAA RACE REGISTRATION FORM

Last Name _____ First Name _____

Address _____ City _____ State _____ Zipcode _____

Telephone () _____ Sex _____ Birthdate ___/___/___ Age on race day _____

Are you a member of the GMAA? yes no (circle)
I want to join the GMAA now! yes no (\$10 individual/\$15 family)

VISIT OUR WEB PAGE!
WWW.GMAA.NET

WAIVER: By signing the above, I agree to follow all GMAA and RRCA rules, including not using skates, bicycles, skateboards, baby joggers, or radio headsets, or running with a dog in club running events and for myself, heirs, executors, and administrators waive and release any rights and claims for damages I may have against the sponsors, directors, staff, towns, GMAA, USATF and RRCA for any injuries suffered by me in GMAA activities.

SIGNATURE: _____ **DATE:** _____ **TOTAL PAID:** _____
Competitor (parent/guardian if under 18) _____
(include membership cost if applicable)

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