

MEMBERSHIP APPLICATION FORM

Achilles International

42 West 38th Street, Suite 400 | New York, NY 10018

T: 212.354.0300 F: 212.354.3978

www.achillesinternational.org



Congratulations! You are taking the first step towards becoming a member of Achilles International.

Membership forms are processed on the first and 15th of every month. At that time you will receive an official Achilles t-shirt and welcome letter. In the meantime, don't hesitate to get started. Find a route that you are comfortable running, walking, or rolling; set at least two times a week to hold workouts; encourage neighbors, colleagues, friends, and family members to join you; and begin looking for local races in which you can compete. Being active, having fun, and improving your health and fitness are the immediate goals!

Your long term goals may include joining hundreds of your fellow Achilles members in the ING NYC Marathon. Unlike the average runner, who must run nine New York Road Runner road races within the year; raise \$2,500; or enter a lottery in which only 50% are successful; being an active Achilles member offers the privilege of guaranteed entrance.

Please note: You must be enrolled with Achilles by October of the year preceding the year of the NYC Marathon you are targeting. For example, if you join Achilles in Jan. 2011, you are working towards guaranteed entry into the 2012 NYC Marathon.

Attached to this application form is the Achilles International Annual Progress Report. Please compile your race history for the past year and include pictures of you racing in your Achilles t-shirt. This must be submitted to Achilles by May 1 to be considered for entrance into that year's ING NYC Marathon. The form and pictures should be mailed to Achilles at 42 West 38th Street, Suite 400, New York, NY 10018.

Feel free to post your pictures to the Achilles International page on Facebook. We love to get to know our members better and hear how you are doing!

Name	Gender	Birthdate
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Street Address	Apt #	City	State	Zip
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Phone (Home)	Phone (Cell)	Phone (Work)
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E-Mail

What is your disability?

Do you use a wheelchair, handcycle or pushrim for racing? (If yes, please specify*) **Please note, these are the only three adaptive devices allowed in the NYC Marathon. For example, New York Road Runners does not allow adaptive tricycles in their races.*

Send me a tee shirt in size (check one) small med large x large

PLEASE READ THE FOLLOWING WAIVER AND INITIAL THE CHECK BOX INDICATING THAT YOU HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS

Waiver: I know that participating in Achilles running or other athletic events is potentially hazardous. I agree not to enter any Achilles race, activity, or sponsored event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating, including, but not limited to: falls, contact with vehicles, other participants, spectators, or others, the effect of the weather, including high heat, extreme cold and/or humidity, traffic conditions of the road, all such risks being known and appreciated by me.

Having read this Waiver and knowing these facts, and in consideration of your accepting my application, I, for myself or for my child and anyone else entitled to act on my behalf, waive and release Achilles International (aka Achilles Track Club), Achilles Kids Program, New York Road Runners, Road Runners Club of America, The City of New York and all its agencies, New York Cares, all sponsors of Achilles and any of their races or events, members and volunteers, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in any Achilles event or related activities, even though that liability may arise out of ordinary negligence or fault on the part of the persons named in this Waiver. By registering for a New York Road Runners Race through Achilles International, I hereby grant my permission to Achilles International to act as proxy on my behalf for that race with full authorization to execute consents, waivers and releases included in the Achilles International registration. I further grant my permission to all the foregoing to use photographs, motion pictures, recordings, or any other record of my participation in Achilles International for any legitimate purpose, without remuneration.

I have read this waiver and agree to the terms _____

ACHILLES INTERNATIONAL PROGRESS REPORT



Name

E-mail Address

Phone Number

Race Name

Date

Distance

Finish Time

Race Name

Distance

Date

Distance

Finish Time

Race Name

Date

Distance

Finish Time

Comments

Please attach photos of you racing in your Achilles shirt. Thank you!