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**Membership Application Form 2022-2023**

Please use **BLOCK CAPITAL LETTERS** and fill in all spaces

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| **Name:** | | | | | **Surname:** | | | |
| **Address:** | | | | | | | | |
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|  | | | | | | | | |
| **Email:** | | | | | | | | |
| **Contact Number:** | | | | |  | | | |
| **Please tick box if you would like your number added to the club members what’s app group?** | | | | | | | | |
| **Emergency Contact Number:** | | | | |  | | | |
| **Date of Birth** | | | | | | | | |
| **Day** | | **Month** | | **Year** | | | | |
|  |  |  |  |  | |  |  |  |

**Please select required size of T-shirt:**    **X-Small Small Med** **Large** **X-Large**

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| --- | --- | --- | --- | --- | --- |
| **T-shirt size** |  |  |  |  |  |

**Bank Details for payment of Membership Fees:**

**SORT CODE:** 933481 **ACCOUNT NO.:** 56937188

**ACCOUNT NAME:** Dublin Mountain Running Club

**IBAN:** IE93AIBK93348156937188 **BIC:** AIBKIE2D

\*\*When making lodgement please insert your name as a reference\*\*

**I hereby apply for membership of the Dublin Mountain Running Club and agree to abide by the rules of the club if my application is successful.**

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| --- | --- |
| Signature of Applicant: |  |
| Date: |  |

***\*\*Please read and sign the following disclaimer…***

**DMRC Disclaimer Form Dublin Mountain Running Club**

DMRC exists purely to offer an opportunity for like-minded runners to exercise together in a group. All attendees should consider the group as an informal gathering of people who will run together in a loosely structured format. Trail courses will be guided, but runners should take full responsibility for knowing the route and any possible escape routes. Every person attending the group must take full and complete responsibility for their own actions. Know your limits, wear appropriate clothing and footwear as well as taking with you any personal kit you may need, including lightweight windproof/ waterproofs, fluids, and if particularly cold, a warm layer. Weekend runs require a kit list please see online for details. Night runs require the carrying of a working head torch suitable for off road running.

It’s your decision alone whether or not you are fit and able to run with the group. If you are unsure consult your GP before attendance. If you have any medical conditions that could affect you, it’s your responsibility to make the group and leaders aware of these and to keep any personal medication that you may require with you at all times e.g., inhalers. Regardless of fitness, if you feel dizzy, faint or unwell it’s your responsibility to stop exercising and to notify other runners and your guide and/or assistant of this.

If you decide to return to your vehicle, your guide or assistant may be able to assist, but they are not responsible for you. If you do need to turn back, please try and inform the session leader before retiring and definitely before leaving the venue. The minimum age for joining the club is 18 years old. We recommend that you carry your mobile phone with you at all times

DMRC and its members will always strive to protect the safety and wellbeing of each individual, particularly in the case of new, inexperienced or vulnerable individuals. However, please be aware that each individual is ultimately responsible for their own actions and safe-keeping while running, or in attendance of any DMRC or DMRC related event. Please note that Personal Insurance is not included as part of your annual sub. It is the responsibility of each member to have their own insurance in place to cover personal liability and injury should they wish to do so.

I ........................................................................declare that I fully understand all of the points listed above, I meet all the criteria, I formally declare that I am fit to run and fully accept the risks. I am happy for any photographs of me may appear in and be used in conjunction with DMRC and that such images may be used on social media I would like to sign up to receive details and maps of each run direct to my email that I have provided, I understand my details will not be shared and that I have the option to unsubscribe at any point.

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| Signature of Applicant: |  |
| Date: |  |