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program



Join  
Mid-America Running Association  
and  
The Kansas City Express

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



Members receive discounts at the following  
running stores:  
Garry Gribble's Running Stores  
Elite Feet  
Sports Medicine Store/Metro Walk and Run Stores

### Application for Membership

#### Mid-America Running Association & Kansas City Express

Name (s) \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

E-Mail (Optional) \_\_\_\_\_

\_\_\_\_\_ Women: Check here if you wish to be on the Kansas City Express Mailing List

- \$30 Family membership (all members receive discounts)
- \$50 Sustaining membership for new programs
- \$25 Senior (60+)

Make Check Payable to:  
"MARA"

Send to: Membership Director  
403 N. Park Drive  
Raymore, MO 64083

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities 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 running and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runner's Club of America, Mid-America Running Association Road Runner's Club and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though this liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signed (Parent or Guardian if under 18) \_\_\_\_\_

Date \_\_\_\_\_