

CHAFFEE COUNTY RUNNING CLUB
P.O. BOX 1441 SALIDA, COLORADO 81201
chaffeerunners@yahoo.com



*Chaffee County Running Club
promotes running for health, recreation and competition,
for runners of all ages and abilities.*

Members get benefits like an informative newsletter, race and gear discounts, and more.

The C.C.R.C. is a 501 (C) (3) Organization and Colorado Non-Profit Corporation

2010 MEMBERSHIP APPLICATION

Membership is from date of receipt until 12/31/10

Annual Dues: \$10 - Individual / \$15 - Family

Name: _____ Sex: M___ F___ Birthdate: ___/___/___ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____ E-mail Address for newsletter: _____

Type of Membership: Individual (\$10) ___ Family (\$15) ___ Total amount enclosed \$ _____
___New ___Renewal

*For Family Membership, list names/sex/birthdates of **additional** participants:*

Name: _____ Sex: M___ F___ Birthdate: ___/___/___

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Name: _____ Sex: M___ F___ Birthdate: ___/___/___

Name: _____ Sex: M___ F___ Birthdate: ___/___/___

Membership Application Waiver: I know that running and volunteering to work in club races are potentially hazardous activities. I will 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 extreme heat or cold, 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 Runners Club of America, the Chaffee County Running Club, and all sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in these club activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature Date: _____

Parent's signature if under 18 years old Date: _____

Make checks payable to C.C.R.C. and mail to: C.C.R.C., P.O. Box 1441, Salida, CO 81201