

**Gulf Winds Track Club Membership Application**

Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Membership:  
 \_\_\_\_\_ Individual (\$15)  
 \_\_\_\_\_ Individual with Gulfwinds Triathlete Membership (\$35)  
 \_\_\_\_\_ Family (\$25)  
 \_\_\_\_\_ Family with Gulf Winds Triathlete Memberships (\$50)  
 \_\_\_\_\_ Optional Donation to GWTC Chenoweth Endowment Fund

**Additional Family Members**

<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>USAT# (Triathletes only)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Send my newsletter by: \_\_\_\_\_email \_\_\_\_\_US Mail \_\_\_\_\_US mail and email

**Membership is for a period of one year beginning on the date postmarked.**

***(Parent must sign for members less than 18 years of age)***

Waiver: 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 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/or 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 Runners Club of America, the Gulf Winds Track Club, Inc, and all sponsors, their representatives and successors from all claims or liabilities or 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.

Primary Member Signature: \_\_\_\_\_  
 Other Member Signature(s): \_\_\_\_\_

**Mail to: GWTC Membership, P.O. Box 3447, Tallahassee, FL 32315**