

Gulf Winds Track Club Membership Application

Today's Date _____ Male _____ Female _____
Name _____ Date of Birth _____
Street _____ Apt# _____
City _____ State _____ Zip _____
Phone _____ E-mail _____

Membership: Individual _____ Family _____ (list family members below)

<u>Name</u>	<u>Gender</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If joining Gulf Winds Triathlon Club, list members below:

<u>Name</u>	<u>USAT #</u>
_____	_____
_____	_____
_____	_____

*Membership expires December 31
Pro-rated dues:

- **Apr-Jun:** \$16.25; \$20.00 (family)
- **Jul-Sep:** \$12.50; \$15.00 (family)
- **Oct-Dec:** \$23.75; \$30.00 (family)
(includes following year)

Membership Dues: Individual \$20.00; Family: \$25.00* \$ _____
Chenoweth Endowment Fund Contribution (optional) \$ _____
Gulf Winds Triathlon Club Dues
• Adults aged 18 and over: \$10.00 per year \$ _____
• Children aged 15-17: \$5.00 per year \$ _____
• Children 14 & under: Free
Total Amount Enclosed: \$ _____

Double all fees if renewing for two years; triple for three, etc.

(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): _____

I would like to volunteer to help with GWTC events.

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