Gulf Winds Track Club Membership Application

Date	N	Male	Female	
Name		Date of E	Birth	
Address				
City	S	tate	Zip	
Phone	E-mail			
Membership: Individual (\$20) Individual with Gulfwinds	s Triathlete Membership	o (\$35)		
Family (\$25) Family with Gulf Winds T	Triathlete Memberships	(\$50)		
Optional Donation to GV	VTC Chenoweth Endow	ment Fun	nd	
Additional Family Members				
Name	Sex	Date of	f Birth	USAT# (Triathletes only)
	 			·
Send my newsletter by:	_emailUS Mail		US mail <u>and</u> ei	nail
Membership is for	a period of one y	ear beg	ginning on t	the date postmarked.
(Parent must sign for members Waiver: I know that running and volunt			ally hazardous activ	ities. I should not enter and run in
club activities unless I am medically al to complete the run. I assume all risks falls, contact with other participants, th traffic on the course, all such risks bein consideration of your acceptance of m release the Road Runners Club of Am from all claims or liabilities or any kind negligence or carelessness on the par	ble and properly trained. I ag associated with running and he effects of the weather, incl ng known and appreciated by application for membership herica, the Gulf Winds Track (arising out of my participation	ree to abide volunteerin uding high I me. Havin o, I, for myse Club, Inc, ar in these o	e by any decision of ng to work in club ra neat and/or humidit g read this waiver a elf and anyone enti nd all sponsors, the	a race official relative to my ability ices, including, but not limited to, y, the conditions of the road and and knowing these facts, and in tled to act on my behalf, waive and ir representatives and successors
Primary Member Signature: Other Member Signature(s):				

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