Tallahassee, FL
Gulf Winds Track Club

MEMBERSHIP APPLICATION

Date _____ Male _____ Female _____

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail_____

Membership Type:

_____Individual ($20) _____ Family ($25)

_____ Individual w/GWTC Triathlete Membership ($35) _____ Family w/GWTC Triathlete Membership ($35)

_____Optional Donation to GWTC Chenoweth Endowment Fund. Amount: $_____

Additional Family Members (must reside in same household):

Name	Sex	Date of Birth	USAT# (Triathletes only)

Send my newsletter by: _____Email _____ US Mail _____ US mail *and* email

Please let us know how you heard about GWTC:

☐ Website ☐ Friend ☐ Email ☐ Podcast

☐ Fleet Foot ☐ Social Media ☐ RunSignup ☐ Other

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

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