



Chesapeake Bay Running Club

Application & Membership Renewal Form

Full Name _____

Address _____

Birth Date _____

Sex Male _____ Female _____

Membership type New _____ Renewal _____

Address Change? No _____ Yes _____

Home Phone _____ Work Phone _____

E-mail _____

Annual Dues Individual \$15 _____ Family \$18 _____

Referred to CBRC by _____

CHECK ONE: Do you prefer receiving the CBRC Newsletter via...

e-mail

snail mail

BOTH

Please sign me up for CBRC Onelist/E-groups e-mail so I may automatically receive club reminders and race reports along with the latest happenings of other club members.

yes

no

WAIVER & RELEASE: I recognize that participation in activities of the organization may involve certain hazards. I understand that I should not participate unless medically able. I assume the risk associated with involvement in these activities including but not limited to falls, contact with participants, effects of weather, road and traffic conditions, these risks being known and appreciated by me. Having read the Waiver and Release and considering the acceptance, I, for myself and anyone entitled to act on my behalf, waive and release the Chesapeake Bay Running Club and all sponsors, their representatives and successors from any claim or liability arising from my involvement in activities of the organization.

Signature (Parent or guardian if under 18)

_____ Date _____

OTHER FAMILY MEMBER INFORMATION (for family memberships)

Full Name and Birth Date _____ Signature (Parent or guardian if under 18) _____

Full Name and Birth Date _____ Signature (Parent or guardian if under 18) _____

Full Name and Birth Date _____ Signature (Parent or guardian if under 18) _____

Mail to: CBRC, P.O. Box 635, Solomons, MD 20688

Club use only -- Date: _____ Payment method: _____ Membership # _____

Rcvd by: _____ Entered: _____ Deposited: _____