



Chesapeake Bay Running Club

Membership Form

<input type="checkbox"/> New Membership <input type="checkbox"/> Annual Renewal	Membership Type: <input type="checkbox"/> Individual for 1 year - \$15 <input type="checkbox"/> Family for 1 year - \$25 <input type="checkbox"/> Individual for 3 years - \$40 <input type="checkbox"/> Family for 3 years - \$70 <input type="checkbox"/> Individual Youth Under 18 - \$7.50		
FIRST NAME	LAST NAME	BIRTHDATE __/__/____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Family Members (if applicable)			
FIRST NAME	LAST NAME (if different)	BIRTHDATE __/__/____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST NAME	LAST NAME (if different)	BIRTHDATE __/__/____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST NAME	LAST NAME (if different)	BIRTHDATE __/__/____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST NAME	LAST NAME (if different)	BIRTHDATE __/__/____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST NAME	LAST NAME (if different)	BIRTHDATE __/__/____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST NAME	LAST NAME (if different)	BIRTHDATE __/__/____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Fill out this section for new memberships or if membership information has changed			
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE		EMAIL	
COMMUNICATION PREFERENCE: <input type="checkbox"/> Sign me up for the CBRC Yahoo Email group to receive monthly newsletters and CBRC announcements <input type="checkbox"/> I don't have email capability, please mail a copy of the monthly newsletter			
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.			
SIGNATURES OF ALL MEMBERS 18 AND OVER (PARENT OR GUARDIAN IF UNDER 18)			
_____ Date _____ _____ Date _____ _____ Date _____ _____ Date _____			
Mail form and check to: Chesapeake Bay Running Club, P.O. Box 635, Solomons, MD 20688			



Registration also available at Active.com:

<https://endurancecui.active.com/event-reg/select-race?e=13148151>