



2020 Membership form

Name: _____

Mailing address: _____

City: _____

State: _____ Zip: _____

Phone: _____

E mail: _____

Membership waiver

I know that running and volunteering to work in club runs/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 run/race official relative to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club runs/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 trail/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 Crested Butte Mountain Runners and all sponsors, their representatives and successors from all claims or liabilities of 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.

NAME. Please print

ADDITIONAL FAMILY MEMBER

SIGNATURE

SIGNATURE

PARENT'S SIGNATURE if under 18 years

PARENT'S SIGNATURE if under 18 years

ADDITIONAL FAMILY MEMBER

ADDITIONAL FAMILY MEMBER

SIGNATURE

SIGNATURE

PARENT'S SIGNATURE if under 18 years

PARENT'S SIGNATURE if under 18 years

Rates: \$25.00 for first member

\$10.00 for each additional family member

**Please make checks payable to Crested Butte Mountain Runners
P.O. Box 2107, Crested Butte, CO 81224**