

**CHAFFEE COUNTY RUNNING CLUB**  
**P.O. BOX 1441 SALIDA, COLORADO 81201**  
**info@chaffeerunning.org**



*The Chaffee County Running Club promotes running for health, recreation and competition,  
for runners of all ages and abilities.*

*Members receive benefits like an informative newsletter, race discounts, and more.*

*The C.C.R.C. is a 501 (C) (3) Organization and Colorado Non-Profit Corporation*

**MEMBERSHIP APPLICATION**

*Valid Until December 31st of the Current Year*

**Annual Dues: \$10 - Individual \$15 – Family**

**Lifetime Dues: \$100 (for individual or Family)**

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ E-mail Address for newsletter: \_\_\_\_\_

Type of Membership: Individual (\$10) \_\_\_ Family (\$15) \_\_\_ Life (\$100) Total amount enclosed \$ \_\_\_\_\_  
\_\_\_New \_\_\_Renewal

*For Family Membership, list names/sex/birthdates of **additional** family members:*

*email below for newsletter*

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

**Membership Application Waiver:** I know that running and volunteering to work at club races are potentially hazardous activities, which could result in injury or death. I will not enter or participate in club activities unless I am medically able to, am in good health, and properly trained. By signing below I agree to abide by any decision of a race or club official relative to my ability to safely complete the run or task. 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 extreme heat or cold, 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 Chaffee County Running Club, and all sponsors, their representatives and successors from all claims of 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.

\_\_\_\_\_  
Signature Date: \_\_\_\_\_

\_\_\_\_\_  
Parent's signature if applicant is under 18 years old Date: \_\_\_\_\_

Make checks payable to C.C.R.C. and mail to: C.C.R.C., P.O. Box 1441, Salida, CO 81201

**You can also join or renew your membership online with a credit card by going to the 'Join' page on our website**  
**<http://chaffeerunning.org/join-ccrc/>**