

Carolina Godiva Track Club

Membership Application and Renewal

Online registration and payment is also available at www.carolinagodiva.org

MEMBER INFO

Last name:		First Name:	
Street Address:			
City:	State:	Zip:	
Phone(s): (H) _____ (W) _____ (C) _____		E-mail : <small>Carolina Godiva Track Club will only use your email to send you the monthly newsletter and occasional club announcements. You may unsubscribe at any time.</small>	
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a licenced: <input type="checkbox"/> MD <input type="checkbox"/> Nurse <input type="checkbox"/> EMT Are you willing to volunteer at events? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TYPE OF MEMBERSHIP

<input type="checkbox"/> Regular	\$20.00	<input type="checkbox"/> New
<input type="checkbox"/> Student (elementary to graduate)	\$15.00	<input type="checkbox"/> Renewal
<input type="checkbox"/> Family	\$30.00	
<input type="checkbox"/> Multi-Year (individual)	\$90 / 5 years	(Make checks payable to CGTC)
<input type="checkbox"/> Multi-Year (family)	\$135 / 5 years	

Waiver, Release, and Indemnity Agreement

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 relating to my ability to safely complete the run. I assume all risks associated with running and volunteering to work in club races or events, 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 Carolina Godiva Track Club, all officers, directors, sponsors, volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities even though the liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further, I agree, for myself and anyone entitled to act on my behalf, to hold harmless and indemnify any of the persons or entities mentioned above from all liability, legal, actions, debts, claims, and demands of every nature which arise out of Carolina Godiva Track Club activities.

Signature of Primary Member (or Parent/Guardian)

Date

FAMILY MEMBERS - ALL COVERED INDIVIDUALS MUST SIGN BELOW

Last Name (Print)	First Name	Gender	Birth Date	E-mail
Signature:			Date	
Signature:			Date:	
Signature:			Date:	
Signature:			Date:	

Mail application and dues (checks payable to CGTC) to:
Carolina Godiva Track Club
P.O. Box 62472
Durham, NC 27715-0472