
Colonial Road Runners Membership Application

Name _____ Age _____ Date of Birth _____

Address _____

City/State/Zip _____ E-mail _____

Phone (home) _____ (work) _____

Family member names _____

Membership status: _____ Individual (\$15) _____ Family (\$15) _____ Student (\$10 for one student)

New _____ Renewal _____ Additional donation to CRR Scholarship Fund _____

Volunteer: Yes _____ No _____ (circle areas that you can help): Newsletter - newsletter collating - phone-tree
race finish line - race marshal - race director - youth running program - hosting CRR monthly fun run - computer

Would you like reminder phone calls for CRR monthly fun runs: _____ Yes _____ No _____ Sometimes

**Make check payable to Colonial Road Runners, Inc., and mail to: Rick Platt, Colonial Road Runners,
113 Anthony Wayne Rd., Williamsburg, VA 23185. (Phone 757-229-7375).**

Club Membership Application Waiver

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 relative to my ability to safely complete the run. 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 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 American Association of Running Clubs, the Colonial Road 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.

Signature _____ Date _____

Parent's Signature if under 18
years _____ Date _____