

Cochrane Red Rock Running & Tri Club



Membership

New/Renewal _____ *OR* Information Change _____
(Circle One)

Last Name (Show capitalization i.e. McCoy) Given Name

1. _____
2. _____
3. _____
4. _____
5. _____

(Additional Names may be written on the back of this page)

E-Mail: _____

(Note: All personal information will remain confidential. Club updates will be e-mailed from the President through undisclosed distribution lists)

Annual Membership Fees (Select One)

Individual Memberships \$15.00 x ____ = \$_____ or Family Membership \$40.00

Please make cheque payable to "*Cochrane Red Rock Running & Tri Club*"

Memberships can be returned by mail to

The Cochrane Red Rock Running & Tri Club, P.O. Box 8010, Cochrane, Alberta. T4C 2J7

Waiver:

In consideration of your accepting this entry, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights or damage claims I may have against the race organizers holding this race, their agents, successors and assigns, and the race sponsor for any and all injuries I may sustain during the course of this event.

Signature of Individual *OR*

Signature of Parent/Guardian if under 18 years of age.

Date: