

Casper Windy City Striders

The purpose of the CWCS is to promote and encourage running related activities for runners of all abilities and ages.

2015

I am here to sign me/my family up for:

☐ **Resolution Run** \$10/member #_____ Total \$ _____

*skip form and sign below \$15/non-member

☐ **Winter Series** \$45/member #_____ Total \$ _____

*Fill out form below & family on back \$70/non-member

☐ **Become a Strider** \$25 individual/ \$40 family #_____ Total \$ _____

*Fill out form below & family on back

TOTAL \$ _____

Name: _____ M / F Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Shirt Size: _____

Email: _____ Phone #: _____

*Only used for CWCS correspondence

We Can't Do This Without YOU!

The success of the club is dependent on the support received from the members.

Below are a list of the races and events held throughout the year. We are asking you to commit to help at 1 or 2 of these events.

- | | | |
|---|--|--|
| <input type="checkbox"/> Winter Series
(5 race series Jan - Mar) | <input type="checkbox"/> Turkey Trot | <input type="checkbox"/> Resolution Run |
| <input type="checkbox"/> 2 Mile Challenge
(1/month Nov - Mar) | <input type="checkbox"/> Casper Chase | <input type="checkbox"/> Skunk Hollow Sneaker Chase |
| <input type="checkbox"/> Tuesday Night Trail Run
(Tuesdays May - Aug) | <input type="checkbox"/> Administrative Help | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Contact me when Needed | <input type="checkbox"/> I Can't Volunteer (Please add \$10 to my annual Membership) | |

Application Waiver

Running and volunteering for CWCS events are potentially hazardous activities. I understand that I should not participate in any CWCS club activity 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 activity. I assume all risks associated with running and volunteering in club events including, but not limited to falls; contact with other participants; effects of the weather including heat, humidity and cold; conditions of running surfaces and obstacles on the course; and vehicle traffic; all such risks being known by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my membership application, I, for myself, family members, and others entitled to act on my behalf, waive and release the RRCA, the CWCS, their board members, sponsors and their representatives and successors from any and all claims or liabilities of any kind arising out of my participation in CWCS club activities, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I authorize the publication of pictures associated with any club event of myself or family member for posting on the CWCS website, newspaper or magazine publication.

Signature: _____

Date: ____/____/____

Parent/Guardian Signature: _____

Date: ____/____/____

Family Membership

Please list other family members and information below

Name_____	M / F	DOB ____/____/____
Shirt Size_____		
Name_____	M / F	DOB ____/____/____
Shirt Size_____		
Name_____	M / F	DOB ____/____/____
Shirt Size_____		

Maximum 3 shirts provided for family membership. Additional shirts can be purchased at a cost of \$15/EA