



MEMBERSHIP APPLICATION

Mail completed application with check to:

CORK
PO Box 415
Bend, OR 97709

Last Name _____ First Name _____
M/F Age _____ Birthdate _____

Additional Family Member _____
M/F Age _____ Birthdate _____

Student Y/N _____ Where _____
Graduation Date _____

Mailing Address: _____
City _____ State _____ Zip Code _____

Phone: Home _____ Work _____

Cell _____ Email _____

- 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, humidity, the conditions of the road and traffic in the course, all 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 Central Oregon Running Klub 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.

I agree my information will be on a Membership Roster and will be shared only with other CORK members.

Signature(s) Parent if under 18 years old _____ Date
Dues \$20.00 for Individual, \$5.00 Dues for Additional family member
Dues \$10.00 for HS / College Student
Total Enclosed \$ _____