SOUTH COAST RUNNING CLUB

Running the Beautiful Southern Oregon Coast

"The miracle isn't that I finished. The miracle is that I had the courage to start."

— **John Bingham**

Official Club Use only

☐ Race Registration ($_____)
☐ Membership (S I F) ($_____)
☐ Membership and Race ($_____)
☐ Swag ($_____)
☐ Member ☐ Non-Member

Race Registration Form / Membership Registration Form

Send completed form with a check or money order payable to: SCRC, PO Box 1001 Coos Bay, OR 97420

Name: _____
(First, Last, Middle Initial)

Date of Birth: _____/_____/_____ **Gender:** ☐ **Male** ☐ **Female**

Street Address: _____

City:_____ **State:** _____ **Zip:** _____

Phone (Cell): _____ **Home:** _____

Email: _____

Distance: ☐ **5K** ☐ **10K** ☐ **Kids Run** ☐ **13.1** ☐ **18.6** **Member:** ☐ **Student** ☐ **Individual** ☐ **Family**

☐ **Bullard's** ☐ **Two Cities** ☐ **Salmon Creek** ☐ **Catching Slough** ☐ **Fire Cracker** ☐ **Trail and Treat**
☐ **Circle the Bay** ☐ **Sunset Trail** ☐ **Turkey Trot** ☐ **Mac's** ☐ **Race Series**

Waiver

I know that running, walking and volunteering to work in club races are potentially hazardous activities. I should not enter or participate in club activities unless I am medically able and properly trained. I agree to abide by any decision of the event organizer or race official in regard to granting me permission to participate in or complete any club activity. 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 and conditions of the road and traffic on 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 South Coast Running Club and all sponsors, their representatives, respective officers, directors 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 and entities named in this waiver. I grant permission to all of the foregoing to use my name, likeness and identity in any photographs, motion pictures, recordings or any other record of me in this event for any legitimate purpose.

Parent/ Guardian Signature: _____ **Date** _____/_____/_____
(If under 18)

Participant Signature: _____ **Date** _____/_____/_____

Membership Dues

Membership runs January 1st through December 31st regardless of sign-up date. One year membership is pro-rated at 50% on July 1st

Student	Individual	Family
☐ **(under 25) $10**	☐ **1 yr $20** ☐ **2 yr $30** ☐ **3 yr $40**	☐ **1 yr $30** ☐ **2 yr $50** ☐ **3 yr $70**

FAMILY MEMBERSHIP ONLY: Please Provide additional member names and information:

Runner's Name	Date of Birth