

ShadowChase Running Club



Welcomes runners, joggers and walkers.

Single membership receives a tec-shirt. Couples receive 2 tec-shirts. Short sleeve shirts are gender specific. To pick up your shirt please contact Heidi Ryan at 209-524-7110 or membership@shadowchase.org

For single membership circle one size and gender, for couple membership circle two sizes and genders. Additional shirts are \$10 each. Sizes will not be guaranteed.

For a sample of all of the other fabulous member benefits, please visit our membership page on our website. www.shadowchase.org

Women's	Men's
X-Small	Small
Small	Medium
Medium	Large
Large	X-large
X-large	XX-Large
XX-Large	XXX-Large
XXX-Large	

MEMBERSHIP APPLICATION FORM

Please print: Last name First name middle initial

Your name _____

If you are registering as a family, please list the information of only those family members who will be participating in the ShadowChase Running Club activities.

Name, age and birth date of family member, if family membership _____

Name, age and birth date of family member, if family membership _____

Name, age and birth date of family member, if family membership _____

Emergency contact name, phone and e-mail _____

Your address _____
Street City Zip

Phone: Business Home Cell _____

Your birthday _____ Age _____ Occupation _____
Month Day Year

E-Mail: _____ You will receive your newsletters by e-mail.

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 Road Runners Clubs of America, the ShadowChase Running Club, and all of their 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 also grant ShadowChase the right to use my likeness as a photo or digital image to promote the club.

Signature: _____

Must be signed by a parent or legal guardian if member is under 18

Student -\$20; Single -\$30; Couple - \$50; Family \$60.

Payable to: ShadowChase Running Club

ShadowChase Running Club

PO Box 3605

Modesto CA 95352

(membership year runs from Jan. 1-Dec. 31)