

Tidewater Striders Running Club

Running Hampton Road since 1977

P.O Box 2121

Chesapeake VA 23327-2121

Phone: (757) 627-7223 Race Hotline: (757) 627-RACE



Membership Application

For Official Use Only	
C:	
A:	
D:	
E:	
New	Renew

Complete the Following:

Name (Last, First M.): .

Address (Include Apt. Number):

City: State: Zip:

Home Phone Work Phone

Birth date (mm-dd-yyyy) Sex: Member Since:

e-Mail:

Additional Family Membership Information:

Name	Date of Birth	Sex	e-mail address

Club Membership Application Waiver (All Members must sign the below waiver)

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 Tidewater Striders, their national governing body 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.

Membership Type	1 Year	2 Years
Youth (18 and Under)	\$15	\$25
General	\$20	\$35
2 Persons same Address	\$25	\$48
Family 3+ same Address	\$30	\$55
Golden Runner	\$80	N/A
Golden Runner +Family	\$100	N/A
Youth Golden Runner	\$40	N/A
Youth GR +Family	N/A	N/A

Amount Enclosed: _____

Make all checks payable to **Tidewater Striders**
Please enclose a self addressed Stamped envelope

Signature: _____

Date: _____

Send remittance to: **Tidewater Striders, Membership**
P.O. Box 2121
Chesapeake VA 23327-2121

If you have any questions concerning this invoice, contact

Please allow 4 – 6 weeks for processing. Thank you