



Your Personal Details

First Name

Surname

Street Address

Suburb State: Postcode:

Mobile No. Home No: ()

Email

DOB / /

I authorise use of my email address for club communication Yes No

I would like to be a member of the closed Facebook group to be kept update on training runs & events Yes No

Membership / Payment Details

Yearly Membership Fee is \$30.00
Club membership year runs October 1st - Sep 30th
(Membership fee covers club public liability insurance through Queensland Athletics & 1 club singlet)

Basic annual membership fee		\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 x Club Singlet (please circle size) <small>(Additional club singlets can be purchased below)</small>	Mens:	XXS	SML	MED	LGE	XL	\$	<input type="text"/>	<input type="text"/>
	Womens:	8	10	12	14	16			
Additional Club singlet (\$40.00) <small>(optional)</small>	Mens:	XXS	SML	MED	LGE	XL	\$	<input type="text"/>	<input type="text"/>
	Womens:	8	10	12	14	16			
							TOTAL	\$	<input type="text"/>

Method of Payment

Cash / Cheque - Gold Coast Runners Club Inc.

Direct Deposit - Gold Coast Runners Club Inc.
BSB: 638 070
Acc: 6823 114

Waiver

- As a condition of acceptance of my membership to the Gold Coast Runners Club Inc. I hereby waive for myself, my heirs, executors and administrators all and any claims, rights if cause of action which I or they might otherwise have for/or arising out of loss of my life or injury, damages or loss of any description whatsoever, which I might suffer or sustain in the course or/ consequences upon my entry or participation in any club event/s. I agree to abide by the rules governing these events.
- This waiver, release and discharge shall be and operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promotion or staging of events and the servants, agents, representatives and offices of any of them.
- I consent to receive medical treatment, which may be advisable in the event of illness of injuries suffered by me during the participation in events.
- I give permission for the use of my name, voice or picture in any broadcast, telecast, advertising promotion or other account of events.
- Should any event be cancelled for any reason whatsoever, I understand entry fee will be refunded and that no liability of any kind will attach to any person, corporation or body involved otherwise engaged in promoting or staging the events.
- I agree to abide by the conditions of the events as staged above and upon literature and any other material distributed in connection with the event/s.

Signature: _____ Date / /

Office Use Only:

Membership Number:

Received / Processed By: _____

Date: / /