



**Beginner's Training Program – FALL 2009 Registration Form**

NAME: First: \_\_\_\_\_ M.I. \_\_\_\_\_ Phone: \_\_\_\_\_

Last Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

*\*WE MUST HAVE YOUR CONTACT INFORMATION IN ORDER TO COMMUNICATE WITH YOU)*

Gender: M / F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Shirt Size: S / M / L / XL / XXL **Employees Use Only: Pd by**

Address \_\_\_\_\_ **Cash CC Ck on** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please circle your current fitness level- I do nothing I walk 30 min. 3x/wk I run 15 min. 3x/wk More

Please circle which group you most likely to train with? Run/Walkers 11-13 min./mile pace under 11 min./mile

**REFUND POLICY** - If you discontinue the training program before September 15, 2009, you will receive a full refund. There will be no refunds given after September 15, 2009, when schedules and other materials are handed out. I understand that adverse weather conditions are a possibility, are out of the control of the training program and that such circumstances may result in events being cancelled. I understand that no refunds or make-up classes will be given in the event of such cancellations, if any.

**WAIVER AND RELEASE OF LIABILITY – READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the No Boundaries Training Program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury or death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Releasees immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Road Runners Club of America, FLEET FEET SPORTS – Albany, Thwap Enterprises, Inc., New Balance, their agents, employees, coaches, volunteers, officers, directors, successors and assigns, and any and all sponsors, their representatives and successors ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I attest and verify that I am physically fit, that a licensed medical doctor has verified my condition, and that I may safely participate.

Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without any payment, compensation or recognition to me. I am also acknowledging my understanding of the above refund policy.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above, of all the Releasees, and, for myself, the participant and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the participant's involvement or participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_