



5K

## Training Program Registration

- 20-Week Training Program (starts Jan 14 at 9am)
- 10-Week Training Program (starts April 2)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

\*We use email to communicate with you so please write CLEARLY!

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

T-Shirt Size (gender specific): XS S M L XL

### 1.) Please circle your current fitness level:

I do nothing      I walk 30 min. 3x/wk      I run 15 min. 3x/wk      More

### 2.) Which group are you most likely to start training with?

- Walkers (gradually increasing to run/walk intervals)
- Run/Walk Intervals (gradually increasing to long run intervals and possible full running)
- Run

### 3.) List the goals you have for yourself during the program:

### 4.) Do you have any allergies, past/current injuries or health conditions we should be aware of?

### 5.) How did you learn about this program?

**REFUND POLICY**

If you discontinue the Fleet Feet Sports training program within 14 days of the first day of class, you will receive a full refund minus a \$25 fee for registration and processing. If cancellation occurs after the first 14 days, no refund will be given, but you may request that your unused practices be transferred to a future No Boundaries training program – and you will be allowed to pay a pro-rated fee per class to finish that future session.

I understand that adverse weather conditions are a possibility and are out of the control of the Fleet Feet Sports training program. I understand this class may be cancelled due to adverse weather conditions, including weather service alerts for dangerous air quality. I understand that no refunds or make-up classes will be given in the event of cancellation for adverse weather conditions.

\_\_\_\_\_ **By placing my initials here, I understand and agree to the terms of this policy.**

**WAIVER**

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against the Fleet Feet Sports and its affiliates, their agents, employees, volunteers, officers, directors, successors and assigns, Fleet Feet Sports, Hartford, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in this training program offered by Fleet Feet Sports - Hartford and any pre- and post race activities. I attest and verify that I am physically fit and a licensed medical doctor has verified my physical condition.

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 monetary payment to me. (This information is protected by the Privacy Act.).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Employee Initials: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Paid Via: CC Check Cash