Training Program – Spring 2010
Registration Form (Must be 18 years old to register)

First Name: _____ Last Name: _____

Phone: _____ Gender: M F Date of Birth: _____ Age: ___

Email (please write very clearly): _____
*WE MUST HAVE YOUR EMAIL ADDRESS IN ORDER TO COMMUNICATE WITH YOU ABOUT PROGRAM INFORMATION!

Emergency Contact: _____ Emergency Phone #: _____

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

Which group are you most likely to train with? (At the kick-off party we will help you finalize the appropriate group for you. Your group is based on your current level of ability and fitness as well as your goals.)

- ☐ Walk (very gradually increasing to run/walk intervals)
- ☐ Run/Walk intervals (gradually increasing to longer intervals and possible full running)
- ☐ Run

Technical Shirt Size: (circle one) Women's Men's (circle one) S M L XL 2XL

Jacket Size: (circle one) Women's Men's (circle one) S M L XL 2XL
Note: You MUST attend a minimum of 10 practices in order to earn the jacket

How did you find out about the program?_____

REFUND POLICY

If you discontinue the Fleet Feet Sports training program by March 22, you will receive a full refund minus $20 fee for registration and processing. No refunds will be given after March 22. 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, the City of Madison or Middleton, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the 2010 No Boundaries Training Program 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 USE ONLY

Employee Initials: _____ Date Paid: _____ Cash Check Charge
**Please mark paid and place in the No Boundaries Training Program box at the front desk. Thanks.