

Miler in Training 2010

Name _____

Age _____ Birthdate: _____ Email _____ Phone _____

Address _____

Emergency Contact Name: _____ Phone Number: _____

Please Circle Shirt Size:

Men's: Small Medium Large X-Large XX-Large

Women's: Small Medium Large X-Large

Miler in Training 2010

REFUND POLICY

If you discontinue the Fleet Feet Sports training program by **June 15**, you will receive a full refund minus \$20 fee for registration and processing. No refunds will be given after **June 15**. 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, Middleton, or Verona and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the 2010 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.)

All children participating in the program under the age of 12 must have a parent present at the practices.

Participant Signature: _____ **Date:** _____

Parent Signature (if under 18): _____ **Date:** _____

Please Print Parent Name (if under 18): _____



Paid: Employee Initials: _____ **Date:** _____ **Cash** **Check** **Credit**