



# Women's Running School Registration 2011

Name: \_\_\_\_\_

Please Print

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Please note best number

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

T-Shirt Size: S M L XL XXL Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Company: \_\_\_\_\_

<u>Current Fitness Activity</u>	<u>Duration</u>	<u>Frequency</u>
_____	_____	_____
_____	_____	_____

- I am:  A soon to be runner-no running experience  
 A new runner with less than 6 months experience  
 A runner coming back after \_\_\_\_\_ years not running  
 A runner wanting to improve

My Goals for the Running School include: \_\_\_\_\_

**Se habla español: 336- 209-1665**

The school training sessions will be held on Thursdays from 7-28-11 until 9-29-11, at 6:00 PM. The locations will vary. Schedules will be given to all participants. An assessment run will be on 7-16-11, 9:00 AM at Grimsley High School. If you have questions call Jim @ 302-3729 or [jhalsch1@triad.rr.com](mailto:jhalsch1@triad.rr.com).

**Please include a check for \$65, Payable to GRC. The fee includes the school, high tec shirt and membership in the Greensboro Running Club for 2011. Mail to: GRC, P.O. Box 2518, Greensboro, 27402-2518**

### Assumption of Risk & Waiver:

I know participation in a running program is a potentially hazardous activity and I certify I am in good health and physically fit to enter into a training program. I acknowledge I am aware of the risks involved in athletic training in general and running training specifically. These risks include but not limited to: 1) scrapes, bruises, sprains and strains, 2) joint, muscle and bone injuries, concussions and other head injuries, 3) weather related injuries including heat exhaustion and stroke, dehydration and over-hydration and 4) catastrophic injuries such as heart attacks and other conditions, which could be fatal. My permission to participate in this program is completely voluntary, and I assume all risks associated with this training program. Having read this waiver and knowing these facts, and in consideration of accepting this training program, I, for myself, and anyone entitled to act on my behalf, waive and release the Greensboro Running Club, any and all founders/owners, directors, officers, employees, volunteers, sponsors and agents working for said entities, from all claims, and liabilities of any kind, arising out of, or related to my participation in this training program, I have read and know, understand and appreciate these and other risks that are inherent in training for and participating in road, trail and track running and racing and any condition and cross training activities associated with training. I hereby assert that my participation is voluntary and I knowingly assume all such risks. \_\_\_\_\_ (Initial) I give the coaches of the Greensboro Running Club permission to administer first aid and/or CPR and to phone my physician or an ambulance should I be unable to do so. I further agree to indemnify and hold harmless the Greensboro Running Club from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in this training program. \_\_\_\_\_ (Initial)

I understand event photographs and/or video images may be taken during this program. I freely give my permission for use of such photographs and video images in future Women's Running School event promotions without further communication or compensation.

### Acknowledgement of Understanding

I have read this agreement and fully understand the agreement and its terms. I acknowledge I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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

(Parent or Guardian if under 18 years of age)