

Running Program Registration

Iron Horse 10K

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.) What is your average running pace (min/mile): _____

2.) Do you use walk intervals when you run: _____

3.) How many days a week do you usually run: _____

4.) How many miles a week do you usually run: _____

5.) Have you run a 5k or 10k in the past: _____ Times: _____

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

7.) Do you have any past/current injuries or health conditions we should be aware of?

8.) 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 \$20 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 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 the 2010 10K 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 Initials: _____ Date Paid: _____ Paid Via: CC Check Cash