Sports. 1	raining Prog	ram R	egist	ratio	on		
5k "	Couch to 5k" No E Saturday, Jun – Run and – Walk • Wednesday, Ju	e 22 at 9 I Run/Wa	:00am alk	ı			6049
10k "	Next Steps" begin	s Saturd	ay, Jun	e 22 a	t 8:30ar	n	6051
Half *Mus	Marathon – begins	Saturda 1:00 minute	y, July mile pace	27 at 8	3:00am		6052
	thon – begins Sun at be able to run 10 miles at				m		6048
First Name:		Last	Name:				
Gender: M F	Date of Birth:			_ 4	\ge:		
Address:							
Phone:	Email	*We use er	nail to com	municate	e with you s	o please	write CLEA
Emergency Contact:_			Phone	e:			
T-Shirt Size: Woman	Man	XS S	M	L	XI	XXL	XXXL

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

- 2.) Do you have any allergies, past/current injuries or health conditions we should be aware of?
- 3.) How did you learn about this program?

4.) Is this your first training program with Fleet Feet? Yes No

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 Fleet Feet Sports, Hartford 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	