

**Participant Information**

Full Name:				
	<i>Last</i>		<i>First</i>	
Address:				
	<i>Street Address</i>			<i>Apartment/Unit #</i>
	<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Home Phone:	( )	Work Phone:	( )	
E-mail Address:				
Age:		Gender		Shirt Size:

**Emergency Contact Information**

Name / Relationship:	
Contact info:	

**Additional Information**

How many miles and days per week are you currently running?	
What are your training and race goals?	
Please list most recent races and times if applicable	
Running Injury History	
Program Requirements	<b>Must be able to run 6 miles at start of program at 13 minute pace or faster.</b> <b>Must be running 3 times per week, total of 13 miles or more.</b> <b>Must not be injured at start of program.</b>

**REFUND POLICY**

**If you discontinue the Fleet Feet Sports training program prior to September 19, 2016, you will receive a full refund minus a \$25 fee for registration and processing. If cancellation occurs after September 19th, no refund will be given.**

I agree to abide by any decision of an official relative to my ability to safely complete the event. I assume all risks associated with training, including but not limited to falls, the effects of weather, including high heat or humidity, all such risks being known and appreciated by me. I understand the class may be cancelled due to adverse weather conditions. No refunds or make-up classes will be given in the case of a cancelled class. I understand no refunds will be given if I'm unable to complete the class for any reason.

**I meet or exceed the minimum program requirements above.**

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