



\$90
Roanne's Race 5k Training

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

Emergency Contact Information	
Name / Relationship:	
Contact info:	

Additional Information	
How many days per week are you exercising and what are you doing?	
What are your training and racing goals?	
Have you ever completed a 5k?	
Injury History	
Program Requirements	<ol style="list-style-type: none"> 1. Must be in good health. 2. Must be walking at least one mile three times per week. 3. Must <u>not</u> be injured at start of program.

REFUND POLICY

If you discontinue the Fleet Feet Sports training program prior to September 12, 2016, you will receive a full refund minus a \$25 fee for registration and processing. If cancellation occurs after September 12, 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 _____