

Get Fit

Class Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ (W): _____ (C): _____

Age: _____ DOB: _____ Gender: _____

Email: _____

Current Exercise Program: _____

Please place a check by the class and circle the time of day you wish to join:

	CLASS (minimum requirement)	TIME	DATES	PRICE
	LSRC Love the Run You're With 5K (Run/Walk 30 min, 2:1 pace)	AM / PM	1/03-2/09	\$ 100
	LSRC Dirty Du Trail Run 9M (Run 5 miles)	AM	3/13-04/19	\$ 100
	Brandy Lee Leard Memorial 5K (Run/Walk 30 min, 2:1 pace)	AM / PM	5/01-6/07	\$ 100
	Hot Blooded 10K (Run/Walk 45 min, 4:1 pace)	AM / PM	6/19-7/26	\$ 100
	Dallas White Rock Half Marathon (Run 6 miles)	AM / PM	9/11-11/29	\$ 200

Women's Shirt Size: XS S M L XL XXL

Men's Shirt Size: XS S M L XL XXL

Waiver: I know that running and participating in this program is potentially hazardous. I should not enter and run in this program unless I am medically and properly trained. I agree to abide by any decision of a program official relative to my ability to safely complete this program. I assume all risks associated with running training in this program including, but not limited to falls, contact with other participants, effects of the weather including temperature and humidity, all such risks being known and appreciated by me. Having read this waiver and knowing the facts, and in consideration of your acceptance on my entry, I or anyone else entitled to act on my behalf, waive and release Get Fit, all sponsors, and any individual or group associated with this program from all claims and liabilities of any kind arising out of my participation in this program even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all foregoing to use any photographs, motion pictures recordings, verbal or written statements, or any other record of the program for any legitimate use.

Signature

Date