COUCH TO 5K TRAINING!

REGISTRATION

Name: _____ (Print Clearly) D.O.B. ___/___/___ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ Home Phone:_____ Email:_____

Emergency Contact: _____Emergency Contact #: _____

Known medical conditions: _____

Rc³ Member ___yes ___no

Program fee for c25k: $10 Non-members $5 Members

RC3 Staff Name_____ Check ____Cash ____Credit or Debit Card ____

Waiver: By completing and signing the form below, the participant agrees to the following:
The participant is engaging in a couch to 5k walk or jog program (referred to as "program"). The participant recognizes that any physical activity may be strenuous and may cause injury, and he/she is fully aware of the risks and hazards involved in such activities. The participant understands that the participation of the program is voluntary and may discontinue at any time. The participant represents and warrants that he/she is in good physical health and have no medical condition that would prevent his/her participation in the program. The participant understands that it is his/her responsibility to consult with a physician regarding his/her participation prior to beginning the program. If the participant has *any existing medical condition,* he/she has been cleared by his/her doctor to participate in this program. The participant agrees to assume full responsibility for any risks, injuries or damage, known or unknown, which he/she might incur as a result of participation in these activities or as a result of negligence. Also, the participant knowingly, voluntarily and expressly waives any claim he/she may have against RC3, or its agents for injury or damages that he/she may sustain as a result of participating in these activities. The participant, heirs or legal representatives forever release from liability, waive, discharge and covenant not to sue RC3 and its agents for any injury or death caused by any negligent act or omission. The participant has read the above release form and waiver of liability and fully understands its contents. The participant voluntarily agrees to the terms and conditions stated above. **Photo Permission:** I grant permission to all of the foregoing to use my photographs, motion pictures, or other recordings for any legitimate purpose, including promotions.

Signature:_____ Date: _____

Signature of Parent/Guardian if under 18 years old: _____

Couch to 5K 2021
Participant Information

Name of Participant_____ **Cell #**_____

Are you currently running? If yes, how much mileage per week and what type of running (roads, trails, treadmill…)?_____

Are you currently cross-training or doing other types of exercise? If so, what types of exercise and how often?_____

What are your current goals for the Couch to 5K program?_____

How may we help you reach your goals?_____
_____

Is there anything that you would like the coaches to be aware of? Recent injuries, allergies, medical conditions, scheduling conflicts, etc?_____
_____