



# NO BOUNDARIES

## 5K Training Program June 20 – August 22, 2009

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_

E-mail \_\_\_\_\_ \* Must provide in order to receive coaching emails

Gender \_\_\_\_\_ Age \_\_\_\_\_

Size: (Circle One)

Men S M L XL XXL

Women S M L XL

Paid \$60.00 by: Cash or Check (Circle One)

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Please circle your current fitness level-

I do nothing

I walk 30 min. 3x/wk

I run 15 min. 3x/wk

More

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

### REFUND POLICY

If you discontinue the Fleet Feet Sports training program within 7 days of the first day of class, you will receive a full refund minus a \$20 fee for registration and processing.

If cancellation occurs after the first 7 days, no refund will be given.

I understand that adverse weather conditions are an inherent possibility in any outdoor exercise class. I understand that adverse weather conditions are out of the control the Fleet Feet Sports training program. I understand that 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 AND RELEASE OF LIABILITY -- READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the No Boundaries Training Program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in this program is significant, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury or death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and,

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Company immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the city of Columbus, Lewis Center, Worthington, and Westerville and Fleet Feet Sports Columbus, New Balance, their agents, employees, coaches, volunteers, officers, directors, successors and assigns, the City of Columbus, and any and all sponsors, their representatives and successors ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I attest that I am in good health and physically capable of participating in the No Boundaries Training Program, and my medical care provider has approved my participation. Further, I hereby release, consent to, and authorize, in advance, any such use of my name, photograph, voice or likeness by the foregoing parties in any manner they deem appropriate and necessary without remuneration to me.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

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

Name: \_\_\_\_\_

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from the negligence of the releases, to the fullest extent permitted by law.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_