

Zilch to 5K Entry Form – Spring 2017

FIRST NAME _____ **LAST NAME** _____

ADDRESS _____ **CITY/STATE/ZIP** _____

PHONE _____ **AGE** _____ **MALE** _____ **FEMALE** _____

DATE OF BIRTH _____ **EMAIL** _____

IN CASE OF EMERGENCY (contact) _____ **(Phone)** _____

TECH-SHIRT MEN: S M L XL XXL WOMEN: S M L XL

REGISTRATION FEE: EARLY BIRD \$60 before March 1st or after March 1st \$70.00 MAKE CHECKS PAYABLE TO: EVE GRAVES

**MAIL TO: TORTOISE AND HARE FOOTWEAR ZILCH TO 5K
4002 GRAND AVE DULUTH, MN 55807**

NOTE: ONLY REGISTERED PARTICIPANTS ARE ALLOWED TO PARTICIPATE IN WORKOUTS. WE RESERVE THE RIGHT TO REFUSE ADMISSION TO ANYONE WE BELIEVE POSES A RISK TO GROUP SAFETY.

WAIVER: I understand that participating in this program is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the program, during the program, or while I am on the premises of the program. I also am aware of and assume all risks associated with participating in the program, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and my heirs and executors and anyone entitled to act on my behalf, hereby waive, release and forever discharge the program organizers, sponsors, promoters and each of their agents, representatives, successors and assigns, and all other persons associated with the program, for my all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this program. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recording, or any other record of this program. I understand that the entry fee is non-refundable and non-transferable.

SIGNATURE _____ **DATE** _____

SIGNATURE OF PARENT OR GUARDIAN IF UNDER 18 _____ **DATE** _____

Goals after class

What three things you hope to get out of this class

Previous running experiences

Previous other exercise, how often and how recently

Health limitations or concerns that could affect running?

Race you are planning to participate in upon completion of or during the class
