



Rockin' Runnin' Relay!

May 2, 2009 - 8 am - 12 noon

Register your team of four runners for a 10 Mile Treadmill Relay and see who earns bragging rights at the club and across the country!

Divisions: All Male, All Female, Mixed Relay

- Rules:**
1. Treadmill must be set at 2% grade.
 2. Runners must slow the treadmill down to at least 5 mph before another runner can jump on.
 3. There must be no more than 10 seconds of transition time between one runner to the next.
 4. Teams may implement whatever strategy they wish to cover the 10 miles.
 5. Each runner on the team must run at LEAST 1 mile.

Registration: 7:30 a.m. - 8:00 a.m.

Start Time: 8:00 a.m. (Wave starts may be added.)

Name of your Team: _____

Division (Circle): All Male All Female Mixed Relay

Runner's Names & Contact Information:

- | | | |
|----------|--------------|---------------|
| 1. _____ | Phone: _____ | E-mail: _____ |
| 2. _____ | Phone: _____ | E-mail: _____ |
| 3. _____ | Phone: _____ | E-mail: _____ |
| 4. _____ | Phone: _____ | E-mail: _____ |

Estimated Finish Time: _____

Payment Information: There is a \$20 fee per team, includes "Lunch on Us" in the Life Café!

Payment Type: Credit Card Cash - Initial: _____ Club Tab - Initial: _____

Credit Card Type: Visa Master Card American Express Discover

Name on Credit Card: _____

Credit Card #: _____ Exp. Date: _____

I ACKNOWLEDGE THAT A RUNNING RACE IS AN EXTREME TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND CARRIES WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY AND PROPERTY LOSS. I HEREBY ASSUME THE RISK OF PARTICIPATING IN THIS RUNNING EVENT. I CERTIFY THAT I AM PHYSICALLY FIT, I HAVE SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS EVENT AND I HAVE NOT BEEN ADVISED AGAINST PARTICIPATION BY A QUALIFIED HEALTH PROFESSIONAL. I ACKNOWLEDGE THAT MY STATEMENTS ON THIS AWRL ARE TRUE.

I ACKNOWLEDGE AND ACCEPT THE RISK ASSOCIATED WITH RUNNING ON ROADS THAT ARE OPEN TO VEHICULAR TRAFFIC. I UNDERSTAND THAT DEATH OR INJURY MAY OCCUR WHILE RUNNING ON THESE ROADS AND RELEASE LIFE TIME FITNESS AND ALL ENTITIES AND INDIVIDUALS ASSOCIATED WITH THIS ORGANIZATION OF ANY AND ALL LIABILITY. I WAIVE, RELEASE AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES OR LIABILITIES OF DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY. ALSO OF PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGE OF ANY KIND, INCLUDING ECONOMIC LOSS, WHICH MAY IN THE FUTURE ARISE OUT OF MY PARTICIPATION IN THIS RUNNING EVENT OR ARE OTHERWISE RELATED TO MY PARTICIPATION IN THIS RUNNING EVENT.

I AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES ASSOCIATED WITH THE PROGRAM I AM ATTENDING. I ATTEST THAT I AM WILLINGLY AND VOLUNTARILY PARTICIPATING IN THIS EVENT.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS.

| | | |
|-------------|------------|-------|
| PRINT NAME: | SIGNATURE: | DATE: |
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |