



LIFE TIME endurance

Fueling the athlete in everyone

Run Training Program Registration Form 2010

Thank you for registering for the 2010 Life Time Endurance Run Training Program. Please complete the information listed below and hand this form in to the Life Time Endurance Coach at your club or to the Fitness Services desk on the second floor. Once you register, your coach will be in contact with you to get started with your training. If you have any questions whatsoever, please contact us at info@lifetimeendurance.com and someone will respond to your needs asap!

Name: _____

Address: _____

Phone: _____

E-mail: _____

Gender: Male Female **Age Group:** _____

The race you are training for: _____ **Date of Event:** _____

Your LTF Location: _____ **Your LTF Member ID:** _____

Your Running Experience: Beginner Intermediate Advanced

Your Estimated Finish Time: _____ **Personal Record:** _____

Payment Information: The fee for the Life Time Endurance 2010 Run Training Program is \$_____ per runner and is payable in one lump sum.

Name of Referring Life Time Fitness Team Member: _____

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 RUNNING 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 PROGRAM. I CERTIFY THAT I AM PHYSICALLY FIT, I HAVE SUFFICIENTLY TRAINED FOR PARTICIPATION IN THIS PROGRAM 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 PROGRAM OR ARE OTHERWISE RELATED TO MY PARTICIPATION IN THIS RUNNING PROGRAM.

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 PROGRAM.

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