



NO BOUNDARIES™



new balance

No Boundaries Beginner 5K Program
Medical Campus 5K Training Program – Spring 2012
Goal Race – Susan G. Komen for the Cure 5K (6/9/12)
Group Runs on Tuesdays @ 6PM Starting 3/20/2012

Last Name: _____ First Name: _____ M. I. _____

Email Address (please write clearly): _____

*We MUST have your email address in order to communicate with you about the program.

Street Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

Gender _____ Birth Date _____ Age (at start of program) _____

Emergency Contact Name: _____ Phone: _____

Registration fee: \$75.00.

*Independent Health Member: \$37.50 Member Wellness Discount

ID#: _____ Group ID #: _____ (must attach a copy of ID card for discount) *Participants who do not complete the program will be billed for the balance of the \$75 registration fee.

Must be 18 years of age to join.

Make checks payable to Fleet Feet Sports Buffalo.

Return or Mail to: Fleet Feet Sports Buffalo, 2290 Delaware Ave. Buffalo, NY 14216

Contact Anne Marie with any questions or concerns: Phone: (716) 332-3501

Email: anne_marie@fleetfeetbuffalo.com

REFUND POLICY

There will be no refunds given after the first meeting (Kick Off), when schedules are handed out. I understand that adverse weather conditions are a possibility and are out of the control of the Fleet Feet Sports training program. I understand this class may be cancelled due to adverse weather conditions. I understand that no refunds or make-up classes will be given in the event of cancellation for adverse weather conditions.

_____ By initialing here, I understand and agree to the terms of this policy.

Are you currently physically active? (Select answer closest to your activity level)

- I am not currently active but I want to be.
- I walk 3X per week.
- I run/walk 3X per week.
- I run 3X per week.
- I go to the gym 3X per week.
- I do any of the above less than 3X per week.

Which group are you most likely to train with?

(We will help you finalize the appropriate group for you in the 1st couple weeks of the program.)

- Run/Walk
- Run

What is your current shirt size? (Men's and Women's sizes available) _____

How did you hear about No Boundaries?

- at Fleet Feet Sports
- on the store website
- on the store Facebook page
- from a friend or mentor
- from a flyer or poster

Are there any current or family health conditions you need to make your coaches aware of? Please check with your doctor before you start this program if there are any concerns.

If yes, please explain: _____

WAIVER

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action I have or may have against Fleet Feet Sports Buffalo Racing, Road Runners Clubs of America, FLEET FEET SPORTS Buffalo, New Balance, their agents, employees, coaches, volunteers, officers, directors, successors and assigns, the Buffalo Niagara Medical Campus and any and all sponsors, their representatives and successors, 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 and verify that I am physically fit and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me. (This information is protected by the Privacy Act.).

Signature: _____ **Date:** _____



EMPLOYEE USE ONLY

Employee Initials: _____ Date Paid: _____ Amount Paid: _____ Method: _____

Please mark date, method, and amount. Include check # and place in NoBo Training Folder.