



Biggest Loser Half Marathon Walking Program Summer 2014

Start Date:

Sunday, May 11th, 2014 at 7:30am at Fleet Feet Sports

Goal Race:

Biggest Loser Half Marathon - Canalside, Buffalo, NY

Sunday, August 31st, 2014

Program Requirement:

To participate in this program you need to be able to walk 3 miles at a pace of 22 min/mile or faster within the 3 months leading up to the start of the program.

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 _____

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

Gender: Male Female Shirt Size (gender specific): XS S M L XL XXL XXXL

Emergency Contact Name: _____ Phone: _____

-Non-refundable registration fees

- New members: \$120.00
- Returning members: \$100.00 **Have participated in a Fleet Feet Sports of Buffalo training group within the last year.**
- You 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

Please answer the following questions to better help us coach you:

What is your current walk pace per mile? _____min/mile

Have you completed a half marathon in the past? _____ If yes, did you walk, run/walk or run the race? _____

Describe your current physical activity level? (Select answer closest)

- _____ 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.

How did you hear about our training program?

- _____ at Fleet Feet Sports
- _____ on the store website
- _____ on the store Facebook page
- _____ from a friend or mentor
- _____ from a flyer or poster
- _____ from an employer
- _____ from the Biggest Loser website
- _____ Previous No Boundaries Participant

Do you have any history of any health conditions that we need to be aware of or affect your participation in this program? If yes, please explain: _____

If yes, have you received clearance from your physician to participate? _____

*****Please check with your doctor before you start this program if there are any concerns*****

Release and Waiver

In consideration for the acceptance of this application for entry to Fleet Feet Racing-Buffalo, an RRCA sanctioned running club, I hereby acknowledge that Fleet Feet Sports, Fleet Feet Sports of Buffalo, their employees, officers, directors, shareholders, agents, representatives, volunteers & sponsors cannot assure my safety during participation in the Training Group. I recognize that participation in the Training Program exposes me to risks including but not limited to running related injury, traffic & the detrimental effects of heat & pollution. Applicant acknowledges that his/her participation in the Training Program is entirely voluntary & hereby assumes all responsibility for personal injury. Applicant further represents & warrants to the best of his or her knowledge that Applicant is in good health & physical condition & is able to engage in the Training Program without any health or physical concern to his or her well being.

I, therefore, for myself, my heirs, executors, administrators, successors & assigns, HEREBY RELEASE, WAIVE & FOREVER DISCHARGE & SAVE HARMLESS THE "RELEASED PARTIES" (DEFINED TO INCLUDE: FLEET FEET AGENTS, REPRESENTATIVES, VOLUNTEERS & SPONSORS), jointly & severally, from any & all claims, losses, damages, demands, costs, causes of action or liability of any kind, whether in law or in equity, for injury or death, or loss or damage to property, from whatever source, of whatever nature, resulting or arising from my attendance at or participation in the Training Program, whether as a spectator, participant or otherwise & whether or not as a consequence of my following any program of diet &/or exercise on the recommendations of any of the aforesaid; whether prior to, during or subsequent to said attendance or participation AND NOTWITHSTANDING THAT ANY SUCH CLAIM MAY HAVE BEEN CONTRIBUTED TO OR OCCASIONED BY THE NEGLIGENCE OF THE AFORESAID. The undersigned has read this release & waiver & understands all of its terms & executes it voluntarily & with full knowledge of its significance.

Signature of Applicant

Date

EMPLOYEE USE ONLY

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