



No Boundaries Beginner 5K Program

Delaware Park 5K Training Program – Spring 2014

Goal Race – The Susan G Komen Race for the Cure 5K (6/14/14)

Group Runs on Mondays @ 6PM Starting 3/24/2014

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 _____ Gender _____

Birth Date _____ Age (Must be 18 at program start) _____

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

Emergency Contact Name: _____ Phone: _____

Registration fee: \$99.00 Independent Health Member - Wellness Discount: \$37.50*

ID#: _____ Group ID #: _____ (attach a copy of ID card for discount)

***Full cost up front.** Members will be reimbursed, by Fleet Feet, after meeting the IHA program completion requirements.

IHA Program Completion Requirements Defined as the Following:

Attend 9 of 12 group workouts **OR** attend 6 of 12 group workouts PLUS the goal race.

Make checks payable to **Fleet Feet Sports Buffalo**. Postmark by 3/14/14.

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

Questions or Concerns? Contact Anne-Marie

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? ☐ Walk ☐ Run/Walk ☐ Run

Are you a first time No Boundaries Participant? ☐ Yes ☐ No

If no, how many sessions have you been with us?

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
- ☐ from an employer
- ☐ Previous Participant

Are there any current or family health conditions you need to make your coaches aware of? (If you have health concerns, please obtain clearance from your doctor.)

If yes, please explain: _____

Are you cleared from your doctor: _____

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, RRCA, Fleet Feet Sports Buffalo, New Balance, their agents, employees, coaches, volunteers, officers, directors, successors and assigns, the City of Buffalo, the Buffalo Olmsted Parks Conservancy 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 in Fleet Feet Training Programs and any pre- and post race activities, 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:** _____

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EMPLOYEE USE ONLY

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

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