



Start Date:
Saturday, January 7th, 2012 at 7:30am

Goal Races:
Dick's Sporting Goods Pittsburgh Marathon and Half Marathon
(Sunday, May 6th 2012)
Boston Marathon (Monday, April 16th 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** _____

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

Gender: M F **Shirt Size** (gender specific): XS S M L XL XXL

Distance: Full Marathon Half Marathon Boston Marathon

Race You Plan to Run + Date: _____

Emergency Contact Name: _____

Phone: _____

-Non-refundable registration fees

- New members: \$65.00 before 12/1/11, \$75.00 after 12/1/11
- Returning members: \$50.00 before 12/1/11, \$60.00 after 12/1/11
- 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 **Beth** with any questions or concerns: Phone: (716) 332-3501
Email: beth@fleetfeetbuffalo.com

The following are questions that will help us assist you in reaching your goals:

If you are training for the marathon, is this your: 1st ____, 2nd or 3rd ____, 4th or more__?

Is your goal to break: 5hrs__ 4hrs 30min__ 4hrs 15min__ 4hrs__ 3hrs 45min__ 3 hrs 30mins__ 3hrs 15min__ Other__ (please provide time)

If you are training for the half marathon, is this your: 1st ____, 2nd or 3rd ____, 4th or more__?

Is your goal to break: 3hrs__ 2hrs 45mins__ 2hrs 30mins__ 2hrs 15min__ 2hrs__ 1 hr 45min__ Other__ (time)

What is your most recent race length? ____ date of race?____ finishing time?_____

What is the distance (in miles) of your current long run each week?

3 4 5 6 7 8 9 10

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? _____



Additional Program Options (Check which additional options you want. Payment is due when registering):

Good Form Running Clinic (\$15 Extra) Nutrition Counseling (\$95 extra)

****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 CONTRIBUTTED 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: _____