



Start Date:
12 Week Program Starting Monday, March 12th, 2012

Goal Races:
Keuka Lake Triathlon (Saturday, June 3rd 2012)
Race entry spot guaranteed* with discounted entry fee.

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 **Custom Tri Top Size** (gender specific): XS S M L XL XXL

Emergency Contact Name: _____

Phone: _____

Please Choose One of the Following Groups:

- Beginner Sprint** is for healthy individuals completely new to the sport or have completed one or two sprint distance triathlons
- Intermediate Sprint** is for healthy individuals who have completed multiple sprint distance triathlons and want to improve specific skills and techniques
- Beginner Olympic** is for healthy individuals who have completed one or two Olympic distance triathlons or multiple sprint distance triathlons and want to complete a longer distance

- ***Registered members will be guaranteed a race spot until March 17**
- **Non-refundable registration fees of \$250.00 due before the start of the program.**
 - Additional fees may apply for indoor swim sessions based on pool availability.
- **The schedule includes:**
 - Monday bike sessions coached by TriVault
 - Saturday run sessions coached by Fleet Feet
 - Sunday swim sessions coached by TriVault
- **All registered participants receive a custom tri top and special discounts.**
- **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

Please complete the following questions that will help us assist you in reaching your goals:

Is this your first Tri: YES / NO If no, how many have you completed? _____

What was your most recent distance tri? _____

Please provide your split times for your last Tri: Distance: _____ Swim: _____
Bike: _____ Run: _____

What is your current level of Bike training (distance/days per week)

What is your current level of Swim training (distance/days per week)

What is your current level of Running training (distance/days per week)

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

I hereby acknowledge that Fleet Feet Sports, Fleet Feet Sports of Buffalo, TriVault, 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 AND TRIVALT 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: _____