



Parkway Half Marathon Training Program

Participant Information				
Full Name:				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:				
	<i>Street Address</i>			<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
Home Phone	()	Cell Phone	()	
E-mail Address				
Birth Date		Shirt Size <i>(please circle)</i> Mens or Womens	S	M
			L	XL
			XXL	

Emergency Contact Information	
Name / Relationship:	
Phone Number:	

Additional Information	
How many miles and days per week are you currently training:	
What are your training & race goals:	
Please list past races and results if applicable:	
Running injury history:	

Please include a \$65 check and mail to Fleet Feet Sports, Attn: Training Director, 8128 Madison Ave, Fair Oaks, CA 95628 or drop by either store location –Fair Oaks/Roseville.

ATHLETE'S RELEASE -Please sign and date.

I know that physical exercise is a potentially hazardous activity. I should not participate in the running program unless I am medically able. I agree to abide by any decision of an official relative to my ability to safely complete the event. I assume all risks associated with training, including but not limited to falls, the effects of weather, including high heat or humidity, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I for myself, and anyone entitled to act on my behalf, waive and release Fleet Feet Sports Fair Oaks/Roseville, any and all members thereof from all claims or liability of any kind arising out of my participation in the aforementioned event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I also grant permission to all the foregoing to use any photograph, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature _____

Date _____