

WACO STRIDERS RUNNING CLUB

TRAINING PROGRAM

RUNNER PROFILE AND WAIVER

NAME _____ EMAIL _____

ADDRESS _____

DOB ___/___/___ PHONE _____

EMERGENCY CONTACT

NAME _____ PHONE _____

HAVE YOU EVER PARTICIAPTED IN ANY OF THE FOLLOWING RACE EVENTS?

5K ___ 10K ___ HALF MARATHON ___ OR FULL MARATHON _____

THIS PROGRAM REQUIRES A MEMBERSHIP TO THE WACO STRIDERS IS YOUR MEMBERSHIP CURRENT? _____ (Membership is \$20 per household per year).

Bring this completed application with you to one of the Group Runs.

IN CONSIDERATION OF MY APPLICATION BEING ACCEPTED I WAIVE ANY AND ALL CLAIMS FOR MYSELF, MY ADMINISTRATORS AND MY HEIRS AGAINST ALL OFFICIALS ,ORGANIZATIONS, THE WACO FAMILY Y, AND THE WACO STRIDERS RUNNING CLUB FOR INJURY OR ILLNESS WHICH MAY DIRECTLY OR INDIRECTLY RESULT FROM MY PARTICIPATION IN THIS TRAINING PROGRAM. I ATTEST I HAVE FULL KNOWLEDGE OF THE RISKS INVOLVED IN THIS TRAINING PROGRAM AND THAT I AM FULLY FIT AND ABLE TO PARTICIPATE IN THIS PROGRAM.

Signature _____ Date _____

