

Track Shack

FITNESS CLUB

TRAINING PROGRAM

ZERO TO FIT

Session I (Jan. - Mar.) Session II (Mar. - May) Session III (Aug. - Oct.) Session IV (Oct. - Dec.)

Select a Location: Orlando Morning (5 a.m. Mon. & Wed.) Orlando Morning (10 a.m. Mon. & Wed.)
 Orlando Evening (6 p.m. Mon. & Wed.) Lake Mary Evening (6 p.m. Tue. & Thu.)

(Please Print)

Today's Date: ___ / ___ / ___

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone _____ Male/Female _____ Date of Birth: _____

E-Mail Address: _____

Emergency Contact: _____ Emergency Phone: _____

Are you a Track Shack Training Program alumni? Yes No

If yes, which program? Zero To Fit W.R.A.P. Five & Dime MarathonFest

New Participant Cost: ___ \$85 (per 10 week session) • **Alumni Cost:** ___ \$70 (per 10 week session)

Yes, I would like to make a donation to the Track Shack Foundation \$ _____

Total Payment Amount: _____ Method of Payment: Cash Check Credit Card

Visa Master Card American Express Card #: _____

Name on Card _____ Expiration Date: ___ / ___ CVV _____

I authorize the following amount to be charged against my credit card: \$ _____

Authorized Signature: _____

Make check payable to: TSFC

Return completed form and payment to:

Track Shack Fitness

1104 N. Mills Ave. • Orlando, FL 32803

Attn.: ZERO TO FIT



Consult with your physician before beginning any exercise program.

INCOMPLETE OR UNSIGNED REGISTRATION FORMS WILL NOT BE ACCEPTED. In consideration of my entry being accepted, I intend to be legally bound, and do hereby for myself, my heirs, and executors, waive all rights and claims, which may hereafter, accrue to me against, Event Marketing & Management International, Track Shack, Track Shack Foundation, or their respective officers, agents, representatives, successors, and sponsors from all claims or liabilities of any kind arising out of my participation in any of the Track Shack Fitness Training programs even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. If I should suffer injury or illness, I authorize the officials of the program to use their discretion to have me transported to a medical facility, and I take full responsibility for this action. I attest and verify that I am physically fit and hereby grant full permission to any and all of the forgoing to use any photographs, videotapes, motion pictures, recordings, or any other record of the event for any purposes of the event whatsoever. I agree to abide by pedestrian rules of road as stated by the FL Dept. of Transportation which include, but are not limited to: Where sidewalks are provided, no pedestrian shall, unless required by other circumstances, walk or run along and upon the portion of a roadway paved for vehicular traffic. Where sidewalks are not provided, a pedestrian walking or running along and upon a highway shall, when practicable, walk or run only on the shoulder on the left side of the roadway in relation to the pedestrian's direction of travel, facing traffic which may approach from the opposite direction. This program is for running activities only. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS PROGRAM AT MY OWN RISK.

Signature