

# Track Shack

## FITNESS CLUB

### TRAINING PROGRAM

# Five & Dime

5k and 10k Training Program

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

(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 Training Program alumni?    Yes    No

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

**New Participant Cost:** \_\_\_\_\_ **\$85** (per 10 week session)

**Alumni Cost:** \_\_\_\_\_ **\$70** (per 10 week session)   •   **Annual membership (Alumni Only):** \_\_\_\_\_ **\$260** January- December

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: \_\_\_\_\_

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.: Five & Dime**



**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 \_\_\_\_\_