

Track Shack

FITNESS CLUB

TRAINING PROGRAM

MarathonFest

Marathon and Half Marathon Training Program

Session I (January - May)

Session II (May - December)

(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

Group Leader Choice for this session: _____ Don't Know

Long Run Day: Saturday Sunday Training Distance: Marathon Half Marathon

Targeted Race(s): _____

Targeted Time Goal: _____ Don't Know Just to Finish

New Participant Cost: ___ \$175 • Alumni* Cost: ___ \$150

**An alumni is one who has participated in this specific training program within the last two years.*

The Training Fee is NON-REFUNDABLE. Runners registering AFTER the start date will be charged an ADDITIONAL \$25 FEE.

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.: MarathonFest

••• INCOMPLETE OR UNSIGNED REGISTRATION FORMS WILL NOT BE ACCEPTED •••

Please complete the waiver on the back of this registration form.



Name: _____

INCOMPLETE OR UNSIGNED REGISTRATION FORMS WILL NOT BE ACCEPTED.
***In the interest of your health and safety while in the training program,
we ask that you please read, initial, and abide by the following safety regulations:***

- 1) We recommend you consult with your physician before beginning any exercise program. INITIALS:_____
- 2) 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. INITIALS:_____
- 3) 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. INITIALS:_____
- 4) For safety reasons, runners and walkers training in the dark are required to make themselves visible to drivers and others on the road. I agree to wear reflective clothing and/or lights so I can be seen while on the road. INITIALS:_____
- 5) 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. INITIALS:_____
- 6) 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 LLC, Track Shack of Orlando LLC, Track Shack Fitness Club, 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. INITIALS:_____

I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS PROGRAM AT MY OWN RISK.

Signature: _____ Date: _____