



TeamFootWorks

Supported by:



Baptist Health South Florida

SPRING 1/2 MARATHON TRAINING PROGRAM

Please fill out this form completely. Entry is NON-REFUNDABLE AND NON-TRANSFERABLE

Program Details:

Start Date: Feb 22, 2014 | Start Time: 6:00am

Target Race: Hometown 13.1 mock-up race. Post-race refreshments and finisher stickers.

Take your first step toward completing a **HALF MARATHON**.

Join our Marathon and Half Marathon Training Programs in the Southeast for 16-weeks of fun, fitness, and friendships. From couch potato to competitor, our customized programs provide you with everything you need to achieve your running, fitness, and life goals.

Orientation for this 16-week program begins Saturday, September 1st at 6:00am with a 30 min. run. Group runs take place at the South Miami Hospital's Education Center (7401 SW 62 Ave.)

TeamFootWorks' staff will be on hand to answer questions at each week's long run. Afterwards there are clinics on running techniques, nutrition, stretching, footwear and more. You will learn about all of the components of having a great marathon experience and maintaining a healthy lifestyle.

How did you hear about us?

- Print
- Corporate Run
- Referred by: _____
- FootWorks Store
- WLRN

Program Fees Through February 21st 2014 After February 21st 2014

New Members	<input type="checkbox"/> \$145	<input type="checkbox"/> \$190
Alumni Participants	<input type="checkbox"/> \$79	<input type="checkbox"/> \$145
Baptist Health Employee (New)	<input type="checkbox"/> \$145	<input type="checkbox"/> \$190
Baptist Health Employee (Alumni)	<input type="checkbox"/> \$79	<input type="checkbox"/> \$145
Employee I.D. (We will verify employment)	<input type="text"/>	



Program cost does not include race registration fees. You are responsible for securing your entry to the race

\$3.00 Credit Card Processing fee

INTERNAL USE ONLY:

DATE: _____ CHECK# _____

Personal Information

Last Name: _____ First Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Gender: M F Date of Birth: ____/____/____ T-shirt Size: S M L XL XXL Email: _____

Cell Phone Number: (____) _____ Emergency Contact: _____ Emergency Contact Number: (____) _____

Mail completed entry form with fee payable by check or money order to:

TeamFootWorks
Attn: Training Programs
5724 Sunset Drive
South Miami FL, 33143

To pay with a credit card please visit
TeamFootWorks.org



TeamFootWorks

Waiver - Required

Waiver: I know that participating in a run/walk event is potentially hazardous. I will not enter and participate unless I am medically able and properly trained. I warrant I am fit and able to safely complete the event. I assume all risks associated with the event, including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course. All of these risks are known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself, and anyone acting on my behalf, waive, release and hold harmless TeamFootWorks, the Road Runners Club of America, all suppliers, all sponsors, and its affiliates, the municipalities in which the event is held, all the aforementioned named parties' respective directors, officers, employees, agents, assigns, representatives and successors and any official or group associated therewith, from and against all claims, damages, liabilities, costs and expenses, of any kind, including reasonable attorneys' fees, arising out of my participation in this event even though that liability may arise out of my negligence or carelessness, and/or the negligence of carelessness of any individual or organization named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, verbal or written statements, or any other record of this event, for any legitimate purpose. I am of legal age, have read this release, fully understand it, and freely agree to all of its terms.

Signature of Applicant

Date

Signature of Parent or Legal Guardian (if applicant is under 18)

Date