



# MOVE MOVEMENT

## Beginner Running Class

**What:** 9-week training program to run your first or fastest 5k – Love Your Library 5k, April 26th

**When:** Tuesday nights at 6:30 pm beginning February 26th

**Where:** First meeting at Robert’s Running Shop. Weekly meetings at the Ritter Park Shelter.

**Age:** Anyone Age 16+ are welcome to participate

**Cap:** 30 runners (register early!)

**Prerequisite:** No running experience required, should be able to walk 20 minutes comfortably

**Cost:** \$80 – cash or check payable to Kathleen Smith, or with credit card if registering in person

**Other questions?** Contact Kat at [clark266@gmail.com](mailto:clark266@gmail.com) or 304-522-7867

**For less than \$10 a week you’ll receive a team t-shirt, 9 weeks of coaching, a pair of technical running socks, information about nutrition, recovery, and cross training, learn new training routes, training schedule for non-meeting days, a team to hold you accountable, motivation, fun, and the best chance of completing or running your fastest 5k!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact (Name/Phone): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Circle T-shirt size: Unisex XS S M L XL XXL

How did you hear about this training program? \_\_\_\_\_

Please answer:

1) About how many days a week are you running/walking? \_\_\_\_\_

2) How far are you currently running/walking? \_\_\_\_\_

3) Are you currently experiencing any pains or injuries associated with your running/walking?  
\_\_\_\_\_

What goals do you have for this 5k? (ie. Goal times, to finish, to beat my husband, etc.)  
\_\_\_\_\_

Do you have any health issues that may restrict your activity level? (Asthma, joint pain, etc.)  
\_\_\_\_\_

Waiver: I acknowledge that exercising is a potentially hazardous activity and may entail known and unknown or unanticipated risks, which could result in physical injury, death or property damage. I hereby assume all risks associated with this event, including, but not limited to, falls, contact or confrontation with other participants, passers-by, or spectators, inclement weather, effects of weather (including high heat and/or humidity), traffic and/or road conditions, and other risks. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. These risks may also occur as a result of my own actions, inactions or negligence, as well as actions, inactions or negligence of others, weather conditions, condition of equipment, condition of the streets, facilities, and/or grounds, natural disaster, national disaster, and any first aid emergency treatment which may be administered. I acknowledge that as part of the consideration for my participating in the activity identified above, I hereby release, discharge, and hold harmless Robert’s Running and Walking Shop as well as any coaches, officer, employee, or any person acting in any capacity on their behalf from all demands, claims, causes of action, suits, contracts, agreements, obligations, covenants, defenses, costs, liabilities and judgments, whatsoever, known or unknown, suspected or unsuspected, whether sounding in contract or in tort, in law or in equity, which I might have against any or all of them, arising from or related to my participation in the event. I hereby waive all claims and demands against the organizers for any loss, damage, injury (including death) or claim of any kind arising from, related to or caused by my participation and agree to indemnify, defend, and hold harmless the organizers from all loss, liability, damages, costs, and expenses (including actual attorney’s fees) arising from or related to same.

Signature (Legal Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_