

iRun Class Registration Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HOME) _____ (WORK) _____
(CELL) _____

AGE: _____ DATE OF BIRTH: _____ GENDER: _____



CURRENT EXERCISE PROGRAM: _____

GOAL RACE: _____

WOMEN'S SHIRT SIZE: __S __M __L __XL
MEN'S SHIRT SIZE: __M __L __XL __XXL

Race entries are not included.

REGISTRATION FEES

CLASSES	DATE	GOAL DISTANCE	TU/TH LOCATION	Fees	Pre Class Specials
Spring or Fall License for Distance				\$250 EB\$230	Returning Participant \$230 EB \$210
Summer License for Distance				\$150 EB \$140	Returning Participant \$140 EB \$130
License to Run				\$110 EB \$100	
License for Speed				\$110 EB \$100	
3 Pack LTR/LFS				\$300 EB \$290	
Good Form Running				\$25	

*** Note: EB = Early Registration (before the 1st day of class) No Double Dipping**

WAIVER: I know that running and participating in this program is potentially hazardous. I should not enter and run in this program unless I am medically and properly trained. I agree to abide by any decision of a program official relative to my ability to safely complete this program. I assume all risks associated with running and training in this program including, but not limited to falls, contact with other participants, effects of the weather including high heat and humidity, the condition of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance off my entry, I for myself or anyone entitled to act on my behalf, waive and release iRun all sponsors, and any individual or group associated with this program from all claims and liabilities of any kind arising out of my participation in this program even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, verbal or written statements, or any other record of the program for any legitimate use.

SIGNATURE

DATE

For more information visit www.iruntexas.net

Emergency Contact / Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____

Emergency Contact #1 _____ Phone # _____ Relationship _____

Emergency Contact #2 _____ Phone # _____ Relationship _____

Please list any medical conditions or medication we should be aware of:

For most people, physical activity should not pose any problems or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read the carefully and check **YES** or **NO** opposite the question if it applies to you.

YES **NO**

- _____ _____ 1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
- _____ _____ 2. Do you feel pain in your chest when you do physical activity?
- _____ _____ 3. In the past month, have you had chest pain when you were not doing physical activity?
- _____ _____ 4. Do you lose your balance because of dizziness or do you ever lose consciousness?
- _____ _____ 5. Has a doctor ever said your blood pressure was too high?
- _____ _____ 6. Do you have a bone or joint problem(s), which has been aggravated by exercise, or might be made worse with exercise?
- _____ _____ 7. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
- _____ _____ 8. Do you know of any other reason why you should not do physical activity?

If you answered **NO** to all questions above, it gives a general indication that you may participate in physical and aerobic fitness activities and/or fitness evaluation testing. The fact that you answered **NO** to the above questions, is no guarantee that you will have a normal response to exercise. If you answered **YES** to any of the above questions, then you will need written permission from a physician before participating in this running/training program.

Print Name

Signature

Date