



# iRun Fall 2020 Class Registration Form

Class Dates: October 18th through December 13<sup>th</sup>

Name: \_\_\_\_\_ M  W

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

DOB: \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_\_\_

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

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_ RELATION: \_\_\_\_\_

Shirt Size MENS  WOMENS  XS\_\_ S\_\_ M\_\_ L\_\_ XL\_\_ XXL\_\_      Sock Size: S\_\_ M\_\_ L\_\_ XL\_\_

Please check the boxes below:

I am aware I will be responsible for my own water and nutrition during all class events.

I meet the minimum requirement of being able to complete 4-5 miles on my own.

I am aware of the potential to be exposed to other runners during classes and will be responsible for wearing a mask any time the group is not actively running.

Class will meet every Tuesday and Sunday. Please choose your Tuesday time and location:

AM CLASS (Tuesdays at 5am at The Vineyard on 1604/Blanco)

PM CLASS (Tuesday at 6:30pm at iRun Texas - Stone Oak location)

Sunday - All participants will meet together at a pre-determined location each week.

*Waiver: I know 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 the 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 bring 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 or anyone entitled to act on my behalf, waive and release iRun, and all sponsors, and any individual or group associated with this program from all claims and liabilities of any kind arising out of me participating 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