



iRun Fall 2021 Class Registration Form

Class Dates: August 15th through December 5th

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. Classes will be held Tuesdays and Thursday at 5am and Sundays at 6am (3 classes per week)

I am aware of the potential to be exposed to other runners during classes and will be responsible for myself during this time. I will not attend class if I'm feeling ill or have symptoms of any illness.

Requirements for class: All classes require a minimum of 12 miles per week, and the following long run; 3 miles for the 10k, 5 miles for the half marathon, and 8 miles for the marathon. If you are not able to complete this minimum requirement, we recommend you start your training plan with our evening License to Run class!

Please choose your class distance:

10K 13.1 26.2

_____ : Miles per week currently running

_____ : Number of iRun classes you've taken (please include the most recent date of class attended)

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 being 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, any 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