Run Far Winter/Spring 2027 Training Program

Program Begins 01/09/2027; Ends 04/17/2027

PERSONAL DATA (Please print clearly):

LAST NAME:_____ **FIRST NAME:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:**_____ **ZIP:** _____

BIRTHDATE: _____ **GENDER:** _____

PHONE #:_____**EMAIL:** _____

EMERGENCY CONTACT (Name/Phone #)**:** _____

REGISTRATION INFORMATION:

I PLAN TO PARTICIPATE AS A: ☐ **RUNNER** ☐ **RUN/WALKER** ☐ **WALKER** **CURRENT PACE PER MILE:** _____

I PLAN TO PARTICIPATE IN A: ☐ **HALF or** ☐ **FULL MARATHON (University location has half marathon program only)**

ARE YOU TRAINING FOR A SPECIFIC RACE? ☐ **YES** ☐ **NO**

IF YES, WHICH RACE? _____

HOW DID YOU HEAR ABOUT RUN FAR? ☐ **PREVIOUS RUN FOR YOU MEMBER** ☐ **INTERNET** ☐ **EMAIL** ☐ **FLYER**

☐ **REFERRAL (Name of Referral)** _____

FEES AND LOCATIONS:

☐ **NEW MEMBERS $130** ☐ **RETURNING MEMBERS $110 (after 02/13/2027 - $130)***

☐ **ANNUAL PASS $250 (Returning Members; after 02/13/2027 - $300)***

☐ **ANNUAL PASS $300 (New Members)**

***Discount for all returning members only with the group for 5 or more years = $10 for Annual Pass Members; $5 for all others**

LOCATION: ☐ **PIPER GLEN** ☐ **MIDTOWN** ☐ **UNVERSITY**

MAKE CHECKS PAYABLE TO *RUN FOR YOU: RUN FAR* **(No Refunds or Transfers)**

AMOUNT PAID: _____ ☐ **CASH or** ☐ **CHECK #** _____

(OVER FOR SIGNATURE)

GENERAL RELEASE, LIABILITY WAIVER AND PARTICIPATION AGREEMENT

ALL PARTICIPANTS IN THE RUN FOR YOU TRAINING PROGRAMS (TRAINING GROUPS) MARATHONS, RACES OF OTHER DISTANCES, AND RELATED EVENTS CONDUCTED BY RUN FOR YOU, INC., RUN FOR YOUR LIFE, OR CHARLOTTE SPORTS FOUNDATION ARE REQUIRED, AS A CONDITION OF PARTICIPATION IN SUCH TRAINING PROGRAMS, TO ASSUME ALL RISKS OF PARTICIPATION. THIS FORM MUST BE SIGNED FOR YOU AND/OR YOUR MINOR CHILD TO PARTICIPATE IN THIS TRAINING PROGRAM.

I ACKNOWLEDGE THAT THIS AGREEMENT AFFECTS MY LEGAL RIGHTS AND THAT I HAVE READ IT CAREFULLY.

For purposes of this Liability Waiver and Consent Form, the term "Participant" shall mean me (as either a participant in the training program or a parent or legal guardian of each minor child list below, or both, as applicable) and each minor child listed below (if any).

If one or more minor child participants are listed below, I affirm that I am a parent or legal guardian of each such minor child.

I recognize that this Training Program involves strenuous physical activity. I affirm that each Participant is in good physical condition and does not suffer from any known disability or condition that would prevent or limit such Participant's to complete this Training Program. I affirm that each Participant has engaged in sufficient endurance training, cardiovascular conditioning, and other training to be able to complete this Training Program.

On behalf of each Participant, I accept and assume any and all risks to life, limb, and personal property, including the risk of death, falls, heart attacks, muscle strains, muscle tears, broken bones, shin splints, heat prostration, knee injuries, back injuries, foot injuries, other illnesses and injuries that the Participant may incur, and unforeseeable and extraordinary events, even where such dangers exist or have been increased due to the negligence or fault of others, even those sponsoring, promoting, attending, viewing, or participating in this Training Program.

I agree, on behalf of each Participant and each Participant's heirs, administrators, executors, successors and assigns, to fully release, waive, discharge, indemnify and hold harmless, Run For You, Inc., Run For Your Life, training program sponsors, training program promoters, training program officials, training program monitors, training program volunteers, and all other individuals and persons who are in any way associated with this Training Program, and their respective officers, directors, managers, members, employees and agents, from any and all claims, demands, actions, and causes of action of any sort, for death or any injury or damage sustained to Participant's person or property during Participant's participation in this Training Program.

I hereby grant, on behalf of each Participant, to the medical director(s) of the Training Program, if any, and their agents, affiliates and designees, access to all medical records (and physicians) as needed and hereby authorize, on behalf of each Participant, medical treatment as needed. I understand that I have the right to refuse medical care and advice of the Training Program medical director(s), if any, and their representatives. If the medical condition of a Participant becomes such that the Participant's mental capacity is questioned, the Training Program medical director(s) shall have the right to recommend and initiate treatment of such Participant. I hereby assume liability for any and all medical expenses incurred as a result of participating in the Training Program, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services.

I also give my permission for the free use of each Participant's name and picture in any written account, broadcast, or telecast of this Training Program for any legitimate purpose.

I understand and agree that if the Training Program is canceled because of circumstances beyond the control of the Training Program committee and sponsors, including, but not limited to hazardous weather condition or government ban, Participant's entry fee will not be refunded or transferred to another Training Program.

I HAVE READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGN THIS GENERAL RELEASE, LIABILITY WAIVER AND PARTICIPATION AGREEMENT.

Signature: _____ Date: _____

Name (printed): _____

Name of Minor Child Participant: _____