



Half & Full Marathon Training Program

REGISTRATION FORM

Please print clearly and fill out this form completely.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (c) _____

Emergency Contact (name & number): _____

Birthday: M ___ D ___ Y ___ Age as of July 20, 2010: _____

E-mail: _____

Which program are you interested in (circle one)? Half Marathon Full Marathon

1. Do you have any medical condition or injury that may affect your participation in this clinic? Yes ___ No ___
If yes, please describe briefly: _____

2. Please provide your current exercise routine, including how many times per week and for how long (either time or mileage) each time – include running, pilates, yoga, swimming, cross training, gym/personal training sessions:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3. What is your most recent time(s) for completing a 5K _____ 10K _____ Half/Full Marathon? _____

4. What Full/Half are you planning to run (name and date)? _____

5. If you are planning to do a run/walk interval to complete the race, what is your current run/walk interval? _____

WAIVER:

I know that running/walking is a potentially hazardous activity. I should not enter a beginning run/walk program unless I am medically able and have consulted with my physician. I acknowledge the effects of weather, including cold, windy conditions, rain, high heat and/or humidity, or that falls, contact with other participants, the condition of sidewalks and/or roads, and traffic on the route are all risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of my being accepted into the beginning run/walk program, I, for myself and anyone entitled to act on my behalf, waive and release Bull City Running Company, LLC, the City of Durham, and all other sponsors, program officials, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these activities even though that liability may arise out of negligence on the persons named in this waiver. I grant permission to Bull City Running Company, LLC to use any photographs, motion pictures, video recordings, or any other record of this clinic for any legitimate purpose. I also understand that registration is non-refundable once it has been received.

Signature _____ Date _____

QUESTIONS? Call 919-265-3904 or e-mail: bullcitytraining@gmail.com

Please drop this registration off at the store and/or mail it along with a check to:
Bull City Running Co. 202 W. NC Highway 54, Suite 201, Durham, NC, 27713.