



HALF MARATHON TRAINING PROGRAM APPLICATION

Please make \$40 check payable to **All About You! Wellness BootCamp**. Bring your check and application form to the first Saturday training on May 10. Call 818-437-5523 for training program details.

FIRST NAME _____	LAST _____	
E-MAIL ADDRESS _____		
STREET ADDRESS _____		
CITY _____	ZIP _____	HOME PHONE _____
CELL PHONE _____	BIRTH DATE _____	GENDER _____
Emergency Contact Name: _____		phone _____

EXPERIENCE LEVEL:

We are committed to the success of ALL walkers and runners regardless of experience or fitness level. Tell us about yourself so that we can train you at the appropriate pace and level.

I plan to _____ **WALK ONLY** _____ **WALK & RUN** _____ **RUN ONLY**

The longest I have ever run is:

_____ less than a mile _____ 1-3 miles _____ 5K (3.1 miles) _____ 10K (6.2 miles)
_____ Half Marathon (13.1 miles) _____ Marathon (26.2 miles)

My average running pace is:

_____ No idea _____ 12+ min/mile _____ 10-11 min/mile _____ < 10 min/mile

I want to improve my pace to: (answer only if you are sure of your goal pace) _____

Code of Conduct:

- Respect the age, race, religion, ethnicity, gender and sexual orientation of others.
- Control your conduct during training activities to ensure the safety of others

Violation of All About You Wellness BootCamp's Code of Conduct is grounds for termination of training.

WAIVER OF LIABILITY

I certify that I am at least 13 years of age and that I voluntarily participate in All About You! Wellness BootCamp's Training Program activities. In consideration of my application, I for myself, my heirs, executors, administrators and assignees, waive and release any and all rights and claims for damages I may have or which hereafter accrue to me against All About You! Wellness BootCamp and any and all individuals and groups involved in coordination of workouts including, but not limited to, the officers, directors, employees and agents for All About You! Wellness BootCamp, as well as their representatives, sponsors, successors, and assignees for any and all injuries suffered by me in said events. Nor are any of the above responsible for loss of personal items. I attest and verify that I am physically fit and have sufficiently trained for the workout schedule into which I am entering, and a licensed medical doctor has verified my physical condition. I understand that emergency contact information is not accessible during training or race events.

I hereby give All About You! Wellness BootCamp, the permission to use my image in any photos or videos that are taken during any All About You! Wellness BootCamp events and used therein on the website or on any other promotional items.

Signature _____

Date _____

Print Name _____

If under 18, guardian's signature _____ *Guardian's Name* _____