



Staff Initials: _____
Date: _____
Amt. pd. _____
Rec # _____

# Hopkinsville YMCA Nashville/ Louisville Half-Marathon-Training Team Program



**WHEN:** Week of February 20<sup>th</sup> – April 28<sup>th</sup> (Race Day!).

**COST:** \$20

**Please complete all information requested below. Register from February 6 – 20, 2012.**

**Participant Name:** \_\_\_\_\_

**Half Marathon Participating in (Circle One):**

Louisville Derby Classic

Rock N Roll Nashville Music City

**Phone #** \_\_\_\_\_ **Alt. Phone** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Please circle shirt size:** YL AS AM AL AXL AXXL

**Please circle shirt style:** Sleeveless Short-sleeve

**E-mail:** \_\_\_\_\_

**Waiver**

I acknowledge that the Hopkinsville Family YMCA carries liability insurance and does not provide health or accident insurance for its programs. In consideration of my participation in the activities of the YMCA Half-Marathon training program, I do hereby agree to hold free from any and all liability the Hopkinsville YMCA, its respective officers, employees, and volunteers and do hereby for myself, my heirs, executors, and administrators, waive, release and forever discharge all rights and claims for all injuries and damages occurred. I do hereby declare participant to be physically, emotionally sound, having medical approval to participate in the activities of the YMCA training program. I have read this application and agree to abide by all YMCA guidelines and mission.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_