



Tone Zones Registration

Please note registration fee is nonrefundable.

Session Preference: ___ 6 AM ___ 9:30AM ___ 6PM

Name: _____
(Please Print)

Which of the following best describes you as a runner?

- _____ I am a beginner (have no or very little running experience at all).
_____ I am new to running (have been running less than a year).
_____ I am a routine runner (have been running for _____ years).
_____ I am a returning runner (have not run in _____ year[s]).
_____ I am a walker.

Answer the following about your current walking or running routine:

Circle one: **walking** **walking/running** **running**
times per week _____ miles per walk or run _____
approximate pace _____ approximate total weekly mileage _____

Answer the following about your current fitness routine:

Activities: _____
Duration (e.g. 30 minutes per session): _____
Times per week: _____

Goals for Tone Zones

- _____ Health & wellness/weight management
_____ Build muscle strength
_____ Improve running fitness
_____ Fitness & fun/social
_____ Other _____

Assumption of Risk & Waiver

I know that participation in a running program is a potentially hazardous activity and I certify that I am in good health and physically fit to enter into a training program. I acknowledge that I am aware of the risks involved in athletic training in general and running training specifically, which risks include by way of example and not limitation: 1) minor injuries such as scrapes, bruises, sprains, and strains, 2) more serious injuries such as joint, muscle and bone injuries, concussions and other head injuries, weather related injuries such as heat exhaustion and stroke, dehydration and overhydration and catastrophic injuries such as heart attacks and other conditions which can be fatal. My permission to participate in this program is completely voluntary, and I assume all risks associated with this training program. Having read this waiver and knowing these facts, and in consideration of accepting of this training program, I, for myself, and anyone entitled to act on my behalf, waive and release Liz Lindsay and Janes on the Run and any and all of its founders/owners, directors, officers, employees, volunteers, sponsors, and agents working for said entity from all claims and liabilities of any kind, arising out of, or related to my participation in this training program, even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. I have read and know, understand, and appreciate these and other risks that are inherent in training for and participating in road, trail, and track running and racing and any conditioning and cross training activities associated with training. I hereby assert that my participation is voluntary and I knowingly assume all such risks.

_____ (Initial) I give Janes on the Run staff permission to administer first aid and/or CPR and to phone my physician or an ambulance should I be unable to do so. I also agree to indemnify and hold harmless Liz Lindsay and Janes on the Run from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in this training program. _____ (Initial)

Acknowledgment of Understanding

I have read this agreement and fully understand agreement and its terms. I acknowledge that I am signing this agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature : _____ Date _____
(Parent or Guardian if under 18)