

REGISTRATION FORM

** Please Print Clearly **

Name	
Address	
City	Zip
Work Phone	Home Phone
Emergency Contact	Phone
Birthday	Age
E-mail (Required for Monthly Training Mileage Program) ** PLEASE PRINT CLEARLY **	
Women's T-shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL Men's T-shirt <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL	

I heard about this program: ___Gallagher Fitness Resources;
 ___Salem-Keizer School District; Other_____

TEAM GFR MARATHON WALKING RELEASE FORM

I know that a roadrace/walk half-marathon or marathon event is a potentially hazardous activity. I should not enter and participate in these events unless I am medically able and properly trained and have sufficient stamina to safely and successfully complete these events without harm or injury to myself. In consideration of joining the group of people coached by Kay Porter, Ph.D. to walk half-marathons and marathons, I and my heirs, executors, administrators and assigns, waive, release and discharge any and all rights, claims, and/or liability for any damage, for any and all injuries to me or my property, or for liability for damage caused by me or anyone else arising from my participation in this training and related activities, against Kay Porter, Ph.D., Porter Performance Systems, the City of Salem, and Gallagher Fitness Resources of Salem, OR.

I will assume and pay for my medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses. I assume total responsibility for my physical, emotional and mental well being while doing this training. I agree to seek medical help and assistance if I become injured while doing this training. I hereby, for myself, waive all rights, claims and liability arising from my participation in this training and release and discharge Kay Porter, Ph.D., Porter Performance Systems, the City of Salem and Gallagher Fitness Resources from any and all claims and /or liability for any damage or injuries incurred by me. I agree to take good care of myself while doing this training by eating healthfully, getting enough sleep, and drinking at least 8 glasses of water/day. I also understand that the training fee of \$150 is nonrefundable, and represents my commitment to participate fully in this training. I have read this information and certify my compliance by my signature below.

Signature:_____ Date_____

I also agree that the idea of this training and participation is to have FUN!!!

I AM A MARATHONER!!!