



SPRING-SUMMER-FALL 2006
**Galloway Training Programs for
 the Half Marathon & Marathon**

Name _____

Day Phone _____ Eve Phone _____

Address _____ City _____ Zip _____

E-mail _____

Birthday _____ Age _____ Technical Short-Sleeve Shirt Size (Unisex Sizing – XS through XXL) _____

Emergency Contact Name & Phone Number – We must have this information on file for all participants!

Contact Name: _____ Phone _____

WAIVER:

I know that walking, running, and road racing are potentially hazardous activities. By entering this training program I am taking responsibility for medical clearance and for being physically able and properly trained to participate in this program. I agree to abide by any decision of program officials relative to my ability to safely complete the training program. I assume all risks associated with running, but not limited to my own fitness and health condition, falls, contact with other participants, effects of weather including high heat and/or humidity, traffic, and the condition of the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I for myself and anyone entitled to act on my behalf, waive and release 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, I, for myself and anyone entitled to act on my behalf, waive and release Gallagher Fitness Resources, GFR, Inc, Galloway Productions, JFG Ltd, the City of Salem, 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 or carelessness on the persons named in this waiver and other organizations. I grant permission to Gallagher Fitness Resources and all of the foregoing to use any photographs, motion pictures, video, recordings, or any other record of this program for any legitimate purpose. I also understand that bicycles, skateboards, baby joggers, roller skates or blades, and audio headsets are not allowed in this training program and I will abide by this guideline. I also understand that registration is non-refundable once it has been received.

Signature: _____ **Date:** _____ **Total ENCLOSED: \$** _____

<p><u>12 Week ½ MARATHON PROGRAM</u> <u>MARCH-JUNE 2006</u></p> <p>_____ \$99.00 for New Trainees _____ \$79.00 for Galloway Program Alumni</p>	<p><u>28 Week MARATHON PROGRAM</u> <u>MARCH-OCTOBER 2006</u></p> <p>_____ \$159.00 for New Trainees _____ \$99.00 for Galloway Program Alumni</p>	<p><u>ALUMNI UPGRADE TO YEAR</u> <u>ROUND TRAINING: JUNE-</u> <u>OCTOBER 2006</u></p> <p>_____ \$60.00 for Currently enrolled Galloway Program members ONLY</p>
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QUESTIONS? Call 503-364-4198 or e-mail: GFR@ActiveSalem.com