REGISTRATION INFORMATION ☐ Male ☐ Female NAME **ADDRESS** CITY STATE ZIP **PHONE** E-MAIL **EMERGENCY CONTACT: NAME/PHONE** PRESENT TRAINING LEVEL Beginning Walker Avid Walker - 45-60 minutes or at least three miles of walking at a brisk pace at least 3 times a week. Walk/Run - 30-60 minutes or three miles at least 3 ☐ times a week. Currently more walking than running. **Beginning Runner** Avid Runner - 45-60 minutes of running at a 7min. up to 12min. per mile pace at least 3 times a week. Tuesdays - 6:00 pm

Runner's Image 219 East State Street, Rockford, IL

Saturdays - 7:00 am

1st Half of Program at Runner's Image 219 East State Street, Rockford, IL

Saturdays - 6:30 am

2nd Half of Program at Blackhawk Springs Forest Preserve South Mulford Road, Rockford, IL

COST

| Training Program Training Program Alumni Discount* *Year Participated | \$120 |
|---|--------------|
| Hooded Sweatshirt Size: S M L | □ XL □XXL |
| PAYMENT OPTIONS: | |
| ☐ Cash | |
| ☐ Check (payable to Runner's Image) | |
| ☐ Credit Card | |
| □VISA □1C □scover | |
| | |
| Card Number | |
| | |
| Expiration Date V-Code (from back of ca | rd) Zip Code |
| | |
| Name as it appears on card | |

Waiver: I know that training is a potentially hazardous activity. I should not consent unless I am medically able (obtained physician's approval). I agree to abide by any group leader relative to my ability to safely complete the training program. I assume all risks associated with participating in this program. I assume this risk of training in traffic. Having read this waiver and knowing these facts, and in consideration of you accepting my entry I, for myself and anyone entitled to act on my behalf, waive and release training staff and volunteers, Runner's Image Ltd., City of Rockford, and all other sponsors, representatives and successors from all claims and liabilities of any kind arising out of my participation in this event. I grant permission to all the forgoing to use my photograph, motion pictures, recordings or any other record of me for this event for any legitimate purpose.

Signature

Guardian signature for participant under 18 years of age

Send payment and completed form to: Runner's Image/Spring Training Program 219 East State Street Rockford, IL 61104

Questions? Call 815-963-2171 or email: steverunnersimage@gmail.com



Training Program

FEBRUARY 18th - MAY 12th, 2020

Net proceeds will be divided between
Gold Star Mission, CASA, and Runner's Image