

2019 Apple Blossom 10K Training Program

Fill out this form and bring it to Runners' Retreat by 3/10/2019 to register for the training program.

Fee: \$75

Name (print): _____

Email: _____

Phone: _____

Address: _____

Waiver:

I agree that I am a member of this club, and I know that running in and volunteering for organized group runs, social events, and races with this club are potentially hazardous activities, which could cause injury or death. I will not participate in any club organized events, group training runs or social events, unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform all activities associated with the club and am in good health, and I am properly trained. I agree to abide by all rules established by the club, including the right of any official to deny or suspend my participation for any reason whatsoever.

Signature (or signature of legal guardian if under 18):

X _____ Date: _____