

## REGISTRATION INFORMATION

- Male  
 Female

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

EMERGENCY CONTACT: NAME/PHONE \_\_\_\_\_

Hooded Sweatshirt Size:  S  M  L  XL  XXL

## PRESENT TRAINING LEVEL

- Walker** - 30-60 minutes or approximately three miles of walking at a brisk pace at least 2 times a week.
- Walk/Run** - 30-60 minutes or three miles at least 3 times a week. Currently more walking than running.
- Runner** - 30-60 minutes of running at a comfortable pace at least 3 times a week.

### Tuesdays - 6:00 pm

#### *Runner's Image*

219 East State Street, Rockford, IL

### Saturdays - 7:00 am/6:30 am

1st Half of Program

#### *Runner's Image*

219 East State Street, Rockford, IL

2nd Half of Program

**Blackhawk Springs Forest Preserve**  
South Mulford Road, Rockford, IL

## COST

Training Program \$120   
Training Program Alumni Discount\* \$110   
\*Year Participated \_\_\_\_\_

## PAYMENT OPTIONS:

- Cash  
 Check (payable to Runner's Image)  
 Credit Card  
 VISA  MC  Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ V-Code (from back of card) \_\_\_\_\_ 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/Half-Marathon Training  
219 East State Street  
Rockford, IL 61104

Questions? Call 815-963-2171 or  
email: [steve.runnersimage@gmail.com](mailto:steve.runnersimage@gmail.com)

