

# Capital City Marathon

# TRAINING GROUP

## REGISTRATION FORM



## GIVE US 17 WEEKS AND WE'LL HELP YOU REACH YOUR GOAL

South Sound Running is once again sponsoring the popular Marathon Training Group for the 2012 Capital City Marathon. If you are thinking of running for the first time or if you are a seasoned runner, South Sound Running can help you reach your goal for this year's Marathon and Half Marathon.

Each person will train at his or her own level with the guidance of our team of instructors. During the course of the Training Group there will be a series of group lectures as well as individual assessments. The format is easy to understand and there will be lots of help along the way. Join us and meet runners like yourself who want to have fun, improve their time and reach a new goal.

- Begins with a Continental breakfast on Saturday, January 14, 2012 at 8:30 a.m. at Olympia High School Food Court
- The Training Group is for all ability levels for the Full Marathon and the Half Marathon
- Lectures and runs are on Saturdays at South Sound Running, Olympia. We meet at 7:30 a.m.
- All runs include water stops
- Advice & guidance from our friendly, experienced staff
- \$75 fee includes training plan, coaching, food, drinks and sports bag with race logo



[www.SouthSoundRunning.com](http://www.SouthSoundRunning.com)

OLYMPIA 3409 Capitol Blvd. (360) 705-2580

TACOMA 1736 Pacific Ave. (253) 593-8786

# FULL MARATHON HALF MARATHON TRAINING GROUP

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Have you run a Marathon before? \_\_\_\_\_ Half Marathon? \_\_\_\_\_

How many? Marathons \_\_\_\_\_ Half Marathons \_\_\_\_\_

Most recent (circle): Full Half Name of Race: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

What is the longest distance you have run? \_\_\_\_\_

Would you like to be added to our CCM Training Group e-mail list? \_\_\_\_\_

Event you will run at Capital City Marathon (circle one): Full Marathon Half Marathon

**Please Note:** If you have any of the following conditions, consult your physician before starting this program: High blood pressure, heart problems, a family history of heart disease, or weight problems. If you have a medical history or present problem that we should be aware of, please describe. \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Please make checks payable to CCMA

**PLEASE READ THE SMALL PRINT:** I understand that the effects of exercise on the heart, lung and blood vessel system cannot always be accurately predicted. I know that there is a risk of certain abnormal changes occurring during or following exercise which may include heart rate or blood pressure abnormalities, ineffective heart functioning, and, in rare cases, heart attacks. I further understand that when walking/running/jogging during training group sessions, I am responsible for following laws and regulations concerning pedestrian right of way. I am aware that participation in training group activities can be demanding. I attest that I am in good physical condition, am aware of the dangers and precautions that must be taken when running in warm or cold conditions, have trained sufficiently, and have my physician's/medical advisor's approval of my participation in training group activities.

In consideration of acceptance of my participation in the group, I, the undersigned, intending to be legally bound, hereby for myself, my family, my heirs, executors and administrators, forever waive, release, discharge and hold harmless training group staff, CCMA, South Sound Running, any and all other sponsors and their representatives, successors and assigns, from any and all rights, claims, demands, causes of action or liability for damage for any and all injuries to me and my property, or for damage caused by me or by anyone else, arising out of my participation in training group sessions.

This release extends to all claims, demands, causes of action of every kind and nature whatsoever, whether known or unknown and I expressly waive any benefits I may have under any statute or law relating to the release of unknown claims. I further assume and will pay my own medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses.

I understand that the persons directing, assisting or helping with this program are volunteers who serve without financial recompense. The fee associated with this program is for the purpose of administration and purchase of training materials and t-shirts. I have read the following foregoing information and I understand that I am free to withdraw from this program at any time without prejudice.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_

**Participants 18 or younger, need parental/guardian signature.** I, the parent/guardian of the participant fully understand the description of potential risks and waiver of liability in the above paragraphs and accept the conditions of his/her participation in the Capital City Marathon Training Group. He/she has my permission to participate as a member of the Capital City Marathon Training Group.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' Signature \_\_\_\_\_ Date \_\_\_\_\_