

2019 Spring Half-Marathon & 5k Training Program

Tri-Cities Road Runners has developed a training plan to prepare you for your spring Half Marathon or 5k. When you sign up for this program you will be given a training plan, and we will provide two supervised runs a week – Tuesday night at 6pm at Longstreet's, and Saturday morning at 8:30am at Petersburg Battlefield Park.

Start Date: January 12, 2019

End Date: March 30, 2019

Name: _____ Phone Number: _____

Age: _____ Gender: M / F Birthdate: _____

Street Address: _____ City _____ State: _____

Email Address: _____

Any medical conditions we should know about that could impact your training? Y / N

If yes, please list them here: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Requested Training Plan: Beginning Half-Marathon / Intermediate Half-Marathon / Beginning 5k / Intermediate 5k (circle one)

What's the longest race you have completed in the past year? 5k / 10k / Half-Marathon / Marathon / Other

If Other, please list here: _____

I know that running is a potentially hazardous activity. I should not run unless I am medically able. I agree to abide by the decision of a training facilitator relative to my ability to safely complete the training. I assume all risks associated with running in this program including, but not limited to: falls, contact with other participants; the effects of the weather, including high heat and humidity; traffic and the conditions of the road; all such risks being known and appreciated by me. Having read the waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself and anyone acting on my behalf, waive and release the Tri-Cities Road Runners, the City of Petersburg, Battlefield Park, and all sponsors and their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. As a condition to me being allowed to participate in this program and in recognition of the safety concerns involved, I will indemnify and hold the program sponsors, organizers, and volunteers harmless from all liabilities arising from my actions. In addition, I grant permission to TCRR to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature _____

Date _____

(Note: Parent or Guardian must sign if participant is under 18 years of age)