



Registration

Name: _____ Age: _____

Address: _____ Best Phone: _____

City/State/Zip: _____

Email: _____ Cell Phone: _____

Emergency Contact Person: _____

Emergency phone: _____ Relationship to emergency contact: _____

T-Shirt size: _____

Circle one class time: Morning (10 am) or Evening (7 pm)

Informed Consent:

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise, which can enhance the musculoskeletal and cardiorespiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility Matthew T. Young and Genesis Running, LLC. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signature: _____ Date: ___/___/___

There are no refunds: Please mail completed form and consent and \$125 registration fee (\$75 for kids 16 and under) to: Matt Young, 9 Magnolia Lane, Hurricane, WV 25526. Checks payable to Genesis Running, LLC

Questions? Email matt@wvruncoach.com or call 304.549.4149.