



Winter Series Class Registration

Name: _____ Age: _____

Address: _____ Best Phone: _____

City/State/Zip: _____

Email: _____ Emergency Contact : _____

Emergency phone: _____

Have you ever run a 5K? Yes No If Yes, how many approximately and best time? _____

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 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 \$90 registration fee (\$25 for children 16 and under with a parent, \$50 for military and first responders and families.) Max of \$180 per family. For families please submit one entry form per person.

Mail to: Matt Young, 18 Sherwood Circle, Hurricane, WV 25526. **Checks payable to Genesis Running, LLC.**