

# FARGO

## RUNNING COMPANY

### FRC TRAINING PROGRAMS

Winter \$25

Spring \$100

Please Print out this form, fill it out completely and mail along with payment to:

Fargo Running Company  
1801 45<sup>TH</sup> ST S  
FARGO, ND 58103

PARTICIPANT NAME \_\_\_\_\_

MALE \_\_\_ FEMALE \_\_\_ DATE OF BIRTH (mm/dd/yy) \_\_\_\_\_

T-SHIRT SIZE XS \_\_\_ SM \_\_\_ MD \_\_\_ LG \_\_\_ XL \_\_\_ XXL \_\_\_ 3XL \_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING INFORMATION:**

RACES TRAINING FOR \_\_\_\_\_

DAYS A WEEK YOU RUN \_\_\_\_\_

GOAL FOR RACE \_\_\_\_\_

ANY OTHER INFORMATION THAT WILL HELP US:

# FARGO RUNNING COMPANY TRAINING PROGRAM WAIVER

I agree that I am a member of the Fargo Running Company's Training Program and I acknowledge that running is a potentially hazardous activity, which could cause serious injury or death. I understand the dangers and risks of running, practicing or training in any athletic activity include but are not limited to: death, serious injury to virtually all bones, joints, ligaments, tendons, muscles and potential to aggravate other health issues diagnosed or undiagnosed. I certify that I am medically able to perform all activities associated with the Training Program and I have consulted with a medical doctor with regard to my medical needs.

I agree to abide by all rules established by the Training Program, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks with being a member of the Training Program and participating in all activities which may include: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my membership, I, for anyone and myself entitled to act on my behalf, waive and release the Fargo Running Company, INC. their representatives and successors from all claims or liabilities of any kind arising out of my participation with the training program. Even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record for any legitimate promotional purposes for the Training Program and Fargo Running Company.

By Signing below, I fully acknowledge reading this waiver and understanding all provisions it entails.

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_

PARENTS SIGNATURE IF UNDER 18 YEARS:

\_\_\_\_\_

DATE \_\_\_\_\_