

BRAG TEAM REGISTRATION FORM:

BEGINNER'S 10K AND HALF MARATHON TRAINING PROGRAM

Name _____

Address _____

City _____ State _____ Zip _____

Preferred Phone _____

Email _____

Birthdate _____ Women's cut t-shirt size (circle one) XS S M L XL XXL

Emergency Contact Name: _____

Emergency Contact Phone: _____

EXERCISE HISTORY

- How many days a week do you exercise (participate in an activity that raises your heart rate?)
___ None ___ 1-2 ___ 3-4 ___ 5 or more
- What is the amount of time you spend when you exercise?
___ Less than 30 minutes ___ 30 minutes to 1 hour ___ 1 hour or more
- Do you have recent confirmation from your doctor that it is OK for you to exercise? Yes/No
- Do you have any injuries or conditions that affect your running/walking? Please describe.

TRAINING PROGRAM YOU WILL PARTICIPATE IN:

___ 10K training

___ half marathon training

Waiver and signature:

I know that running, walking, and volunteering to work in races and training programs are potentially hazardous activities. I should not participate in club activities including training programs unless I am medically able and properly trained. I agree to abide by any decision of a club official relative to my ability to safely complete any run or club activity. I assume all risks associated with participating or volunteering in this training program including, but not limited to, falls, contact with other participants, effects of weather, including high heat and humidity, road conditions and traffic on the course, all such risks being known and appreciated by me. Having read this waiver, and in consideration of your acceptance of my application for this training program, I, for myself and anyone entitled to act on my behalf, waive and release RRCA, KC Express, and all members, coaches, sponsors, representatives and successors, from all claims or liabilities of any kind arising out of my participation in this training program and other club activities even though that liability may arise out of negligence or carelessness on the part of persons/groups named in this waiver. I grant permission to all of the foregoing to use my name, likeness and identity in photographs or other records of club activities for any legitimate promotional purpose.

Must be signed to be valid _____ Date _____

Mail your completed registration form and your check, payable to Kansas City Express to:

KC Express 10K and Half Marathon Training Program, P.O. Box 8158, Prairie Village, KS 66208

To register online, visit kcexpress.org.