



*Arkansas Spa Pacers
Pace for the Race Training Clinic
Registration Form*

_____		_____		_____	
Last Name		First Name		Middle	
_____		_____			
Street Address		City/State/Zip			
_____		_____			
Telephone (Day)		(Evening)		E-Mail Address	
_____		_____			
Date of Birth		Age			
_____		_____			
Notify in case of Emergency (Name)		Phone Number of emergency contact			

Please Check One:

- Beginner Runner 5K Intermediate Runner 5K Beginner Runner 10K Intermediate Runner 10K
 Speed Work Walker

**Important: Please Sign Waiver/Medical Release Below.
This is Requirement to Participant in the Clinic!**

WAIVER/MEDICAL RELEASE - PLEASE READ CAREFULLY!

In consideration of the acceptance of registering and participating in this clinic, I, hereby, for myself, my heirs, executors, administrators and anyone entitled to act on my behalf, release and discharge Arkansas Spa Pacers, their representatives and successors, promoters, managers, directors, officials, agents, sponsors and their employees, member of the Arkansas Spa Pacers running club and volunteers of all of the Pace for the Race Clinics from any and all claims of injury or liabilities of any kind, illness or damages suffered by me, as a result of my participation in or traveling to or from this clinic.

I realize that walking, running and volunteering to work in the Pace for the Race Clinics can be a potentially hazardous activity. I should not sign up to participate unless I am medically able. I agree to abide by any decision of the director or leader relative to my ability to safely complete the run/walk training session and graduation event. I assume all risks associated with walking, running, leading and volunteering to participate or work in these clinics, including but not limited to falls, contact with other participants, the effect of the weather, including high heat and/or humidity, the conditions of the track, road and traffic on the course, all such risks being known and appreciated by me.

I realize that this is a strenuous event which requires proper physical conditioning. I hereby certify that I am in such physical condition and good health to participate in this clinic. I also give my permission for the free use of my name and picture in any written account, broadcast or telecast of this event for legitimate purpose.

Signature	Date	Parent's Signature (if under 18 years of age)	Date
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