



Couch 2 5K Training Program

Challenge...Inspire...Train...

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Date of Birth ____/____/____/ Male____ Female____

T-Shirt Size: *Please circle one.*

S M L XL XXL XXXL

Checks made payable to: **Tina Mullaney, 490 Antero Drive, Westminster, MD 21157**
All major credit cards accepted
(email tmullaney1316@gmail.com or call 410-236-1027 for more information)

In consideration the Couch 2 5K Training Program, the Run/Walker or if the Run/Walker is a minor, the Run/Walker's guardian(s), hereby agrees to release, indemnify and discharge Fit4Women, on behalf of the Run/Walker (adult or minor). As a participant of the Couch 2 5K Training Program, I understand the nature of the event and that I am and/or my minor child is qualified, in good health, and in proper physical condition to participate in such an event. I fully accept and assume all risks and all responsibility for any injuries incurred while participating in the Couch 2 5K Run/Walk Training Program.

Photographic release: I permit that Fit4Women to use and publish photographs of me and/or my children for purposes of presenting recreation activities to the community. I also give my permission to release such photographs to the news media in support of the program. _____ **(Please initial)**

Signature: _____ Date: _____

If under 18, Signature of Parent/Guardian:

_____ Date: _____