

***FRS Marathon Training***  
**Full and Half Marathon Training Program**  
**Summer/Fall Registration Form**

**Races Targeted:** Fall marathons from Chicago all the way through Disney.

**Investment: \$130 or \$99 for returning program members**

**Dates: June 21, 2010 – January 8, 2011**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B: \_\_\_\_\_ (mm/dd/yyyy)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Male / Female (circle one)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Running History:**

This is my first Half Marathon \_\_\_\_\_ Full Marathon \_\_\_\_\_

I have completed another Half Marathon \_\_\_\_\_ Full Marathon \_\_\_\_\_

Targeted Race: \_\_\_\_\_

Targeted Time Goal: \_\_\_\_\_ Just to Finish \_\_\_\_\_ Don't know \_\_\_\_\_

Payment Information: **Cost \$130.00** \_\_\_ **New**     **\$99** \_\_\_ **Returning**

Make Check Payable to: Allied Race Management

Return form and fee to: Front Running Sports, 3801 W. Lake Mary Blvd., Ste 119,  
Lake Mary, FL 32746

Payment: Cash     Check#     Credit Card Name: Visa / MC (only)

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ (mm/yy)

I authorize the following amount to be charged against my credit card: \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**WAIVER AND SIGNATURE:**

INCOMPLETE OR UNSIGNED REGISTRATION FORMS WILL NOT BE ACCEPTED. In consideration of my entry being accepted, I intend to be legally bound, and do hereby for myself, my heirs, and executors, waive all rights and claims, which may hereafter, accrue to me against, Front Running Sports, Allied Race Management, or their respective officers, coaches, agents, representatives, successors, and sponsors from all claims or liabilities of any kind arising out of my participation in any of the Allied Race Management training programs even though liability may arise out of negligence or carelessness on the part of the persons named in the waiver. If I should suffer injury or illness, I authorize the officials of the program to use their discretion to have me transported to a medical facility, and I take full responsibility for this action. I attest and verify that I am physically fit and hereby grant full permission to any and all of the forgoing to use any photographs, videotapes, motion pictures, recordings, or any other record of the event for any purposes of the event whatsoever. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Prerequisite**

You must be able to comfortably run/walk 5 miles for either Half Marathon or later Fall Marathons such as Disney. Early Fall marathons such as Chicago, Marine Corps, you need to have a good 10 mile base at program start.

All participants need to maintain at least 13min/mile pace. It is recommended that you consult your physician before starting this program.

**Group Run Times:**

Tuesday – 6:00am  
Thursday – 6:00pm  
Saturday – AM – time  
TBD based on run length.