

Active Life
Fitness Center
*10K & Half Marathon
Training Team*

Running & Walking Training Team

Make this your year to complete the Monument Ave. 10K (6.2 miles) or any of the spring Half Marathons (13.1 miles). The experienced coaches at Active Life Fitness Center will help get you ready.



Saturday, March 31, 2012

With your registration, you will receive a training guide, motivation and coaching to achieve your goals for the race, as well as a Technical running shirt (it is moisture-wicking).

Training will be held on Saturday mornings at 8:30 from January 21 up to the event date, March 31 at Active Life Fitness Center in Maidstone, New Kent Courthouse Village. We'll then have a reunion run/walk on April 7.

This proven program has guided hundreds of local runners and walkers of all ages to success. Participants will break into groups with others with similar goals and fitness levels. No fitness experience is necessary.

- Go the distance!
- Lose weight!
- Improve your health!
- Stick to a workout program!
- Meet other local fitness enthusiasts!
- Get faster!
- *Training* for races is a great way for runners to stay motivated.

Join your neighbors and friends for this fun experience.

Active Life Fitness Center
11815 Aspengraf Lane, Suite A, New Kent, VA 23124
804-557-3620

www.activelifefitnesscenter.com
contact@activelifefitnesscenter.com



Active Life Fitness Training Team Registration Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone # W: _____ H: _____ C: _____

E-mail: _____ Gender: _____ Birth date: _____

Emergency Contact Name: _____ Phone #: _____

Circle T-shirt size: Mens: S M L XL 2XL Womens: S M L XL

Choose the level you would like to train with

- Walker
- Beginning Runner: Just starting to run, may include walk / running.*
- Intermediate Runner: currently capable of running 9-12 miles per week.*
- Half Marathon Runner: currently capable of running 6 miles.*

Payment Method

Fee: \$35 Active Life Fitness members receive a discount: \$30

(Does not include entry into the events.)

Register for Monument Ave 10k through Sports Backers www.sportsbackers.org.

Register for Shamrock Half Marathon at www.shamrockmarathon.com.

- Check (Payable to Active Life Fitness Center)
- Credit Card (complete the information below)
 - MasterCard VISA Discover

Credit Card Number: _____ Expiration Date: _____

Name as it appears on the card: _____

I know that running/walking a road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I assume all risks associated with participating in this activity including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, 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 entry, I, for myself and anyone entitled to act on my behalf, waive and release the Active Life Fitness Center (Carawan Group LLC), New Kent Courthouse Village, all other sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event 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 any photographs, motion pictures, recordings, or any other record of this activity for any legitimate purpose. I understand that my fees will not be refunded if I am unable to participate.

I declare that I have completed the pre-activity screening questionnaire and/or health/medical information questionnaire and that I am physically able to participate in physical activity. Furthermore, I acknowledge that the center has advised me to obtain a physician's clearance in the event the answers on either the pre-activity screening questionnaire and/or health/medical information questionnaire indicates that I should not participate in a program of physical activity without a physician's clearance, or if the center is unsure of my physical health yet I maintain that I am physically capable of pursuing physical activity in the center without such steps being taken or has done so.

Signature (Parent or Guardian if under Age 18)

Date

To register, stop by Active Life or mail in an entry form.