

Half-Marathon/Marathon Training

Complete and bring or mail with check payable to GFR to:

**Gallagher Fitness Resources
135 Commercial St NE, Salem, OR 97301**

| Select one plan – Please print clearly | New | Alum |
|---|-------|-------|
| <input type="checkbox"/> T1: Nov-Oct (52 wks) by 11/20/09 | \$250 | \$200 |
| <input type="checkbox"/> T2: Nov-Jan (13 wks) by 11/20/09 | \$120 | \$95 |
| <input type="checkbox"/> T3: Nov-May (30 wks) by 11/20/09 | \$175 | \$140 |
| <input type="checkbox"/> T4: Jan-May (17 wks) by 2/8/10 | \$135 | \$105 |
| <input type="checkbox"/> T5: Feb-Oct (39 wks) by 2/8/10 | \$200 | \$160 |
| <input type="checkbox"/> T6: June-Oct (22 wks) by 6/7/10 | \$150 | \$120 |
| <input type="checkbox"/> T7: Aug-Oct (13 wks) by 8/9/10 | \$120 | \$95 |
| <input type="checkbox"/> B1: Nov-Jan (13 wks) by 11/20/10 | \$120 | \$95 |
| <input type="checkbox"/> B2: Jan-May (18 wks) by 1/18/10 | \$135 | \$105 |
| <input type="checkbox"/> B3: Apr-Oct (28 wks) by 4/24/10 | \$175 | \$140 |

| | |
|-------------------|-------|
| Name | |
| Address | |
| City | Zip |
| e-mail | |
| Day phone | Eve |
| Emergency contact | phone |

WAIVER: I know that walking, running, and road racing are potentially hazardous activities. By entering this training program I am taking responsibility for medical clearance and for being physically able and properly trained to participate in this program. I have consulted with my physician or primary health care provider. I agree to abide by any decision of program officials relative to my ability to safely complete the training program. I assume all risks associated with running, but not limited to my own fitness and health condition. I acknowledge the effects of weather, including cold, windy conditions, rain, high heat and/or humidity, or that falls, contact with other participants, the condition of sidewalks and/or roads, and possible traffic on the route, are all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I for myself and anyone entitled to act on my behalf, waive and release Gallagher Fitness Resources, GFR Inc, and all other sponsors, program officials, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these activities even though that liability may arise out of negligence or carelessness on the persons named in this waiver and other organizations. I grant permission to GFR, Inc. to use any photographs, video, or any other record of this program for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller blades, and audio headsets are not allowed in this training program and I will abide by this guideline. I understand that registration is non-refundable once it has been received.

Signature**Date**