Florida Track Club Coaching Program Participant Sign Up

**Name**

**Address**

**Email**

**Phone**

**Emergency Contact: Name Phone**

**Circle (or Underline) one option: Couch to 5K Program Half-marathon Program**

**Are you a member of the Florida Track Club?**

Do you have any pre-existing medical conditions that the coaching staff should know about (recent surgeries, major injuries, allergies)? If so, please explain.

**Payment**

The cost for either option of the coaching program is $100.

Options for payment:

* Hand-delivered check (made payable to The Florida Track Club) *or* cash and given to the coaching staff on or before the first meeting
* Mailed check to The Florida Track Club c/o Betsy Suda, 4190 NW 50th Drive, #7305, Gainesville, FL 32606.
* Using PayPal by entering [floridatrackclubofficer@gmail.com](mailto:floridatrackclubofficer@gmail.com) at [www.paypal.com](http://www.paypal.com).

**Please read and sign the following release statement:**

*I know that running in and volunteering for organized group runs, social events, and races with this club are potentially hazardous activities, which could cause injury or death. I will not participate in any club organized events, group training runs or social events, unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform all activities associated with the club and am in good health, and I am properly trained.  I agree to abide by all rules established by the club, including the right of any official or coach to deny or suspend my participation for any reason whatsoever.  I assume all risks of participating in club activities which may include: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, attacks by animals, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed to be used in club organized activities and I agree to abide by this rule. Having read this waiver and knowing these facts and inconsideration of your accepting my membership, I, for myself and anyone entitled to act on my behalf, waive and release the Florida Track Club, the city of Gainesville, Orthopedic Sports Medicine Clinic (OSMI), all club sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation with the club, 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 my photographs, motion pictures, recordings or any other record for any legitimate promotional purposes for the club.*

*Signature:  
Date:*

*Parent’s Signature if under 18 years:  
Date:*