

2007 MONTGOMERY COUNTY ROAD RUNNERS EXPERIENCED MARATHONER'S TRAINING PROGRAM

Name _____ Date of Birth _____ Gender M F

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-Mail Address _____

Occupation _____ Employer _____

MCRRC Member? No Yes, since _____ Singlet size: S M L XL

Number of years running: _____ Average Weekly Mileage for past month: _____

Longest run in past month: _____ Number of days you run per week: _____

No. of marathons run: _____ Most recent marathon: _____ Time: _____

Most recent 5K/10K/10M/1/2Marathon time (please specify): _____

Name and date of race: _____

Marathon you are training for (name & date): _____

How did you find out about this program? _____

Liability Waiver: I understand that running and training for a marathon are potentially hazardous activities which include the risks of injury and death. I understand that I am solely responsible for my health and medical condition, and that it is my responsibility to determine, along with my own physician, my physical and mental fitness to undertake a strenuous marathon training program. I assume all risks, including injury and death, associated with or arising out of my participation in this marathon training program, and I hereby waive and release the MCRRC, its officers, directors and the coaches of this marathon training program from all claims and liabilities of any kind or description arising out of my participation in this program.

Signed: _____ Date: _____

Return with your check payable to MCRRC. \$100 MCRRC members; \$150 non-members. **No refunds** after program begins. Mail to: Mike Broderick, 17723 Garrett Drive, Gaithersburg, MD 20878. (240) 338-2210.