



# GATE CITY STRIDERS

## Fitness University

### Free Fitness Clinics for Parents

8 weeks clinic beginning Tuesday, June 8, 2010 from 6:30pm to 7:30pm

**Dates:** 6/8/10, 6/15/10, 6/22/10, 6/29/10, 7/6/10, 7/13/10, 7/20/10 and 7/27/10 (all from 6:30pm to 7:30pm)

**Place:** Various local school tracks and fields—see Fitness University Clinics for kids Schedule

**Entry Fee:** Free

**Description:** Lead by a certified fitness trainer, Jodie Dolan for fun/low key/low impact exercise, fitness and nutrition discussion/workshop, stretching demonstration, walking and running

**Info:** Leeann Ward: [info@runfitnessu.com](mailto:info@runfitnessu.com) or Jodie Dolan: [djdlive2bike1@myfairpoint.net](mailto:djdlive2bike1@myfairpoint.net)

To register for the clinics, go to our website: [www.RunFitnessU.com](http://www.RunFitnessU.com) and click Sign UP for Parents, or sign up at the clinics.

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

MALE/FEMLE (M/F) \_\_\_ AGE \_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ T-SHIRT SIZE: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_\_\_

EMAIL \_\_\_\_\_

I know that running a road race is stressful event and therefore is a potentially hazardous activity which may present runners with hazardous conditions. I know I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in the event, including, but not limited to: falls, contact with other participants, the effects of the weather, including ice, snow, wind and cold, traffic and 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 Gate City Striders, Fitness University, Southern New Hampshire Medical Center, Various local area schools, Road Runners Club of America, volunteers helping at the event, and all sponsors, their representatives and successors from all claim 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 or entities named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of the event for any legal purpose.

**If applicant is under 18 years of age, this form must be co-signed by a parent or guardian.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_