

WACO STRIDERS RUNNING CLUB  
MARATHON TRAINING PROGRAM  
Runner Profile and Waiver

Name \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_

Emergency contact name and number \_\_\_\_\_

Are you physically active now? \_\_\_\_\_

How often are you working out? \_\_\_\_\_

What type of exercise are you doing now ? \_\_\_\_\_

Have you run in a race event 1K, 5K, 10K or Marathon? \_\_\_\_ When \_\_\_\_\_

Do you have any physical disabilities that would require at Doctors approval for an exercise /running program? \_\_\_\_\_

This program requires membership to The Waco Striders

Is your membership current ? \_\_\_\_\_

Target Race \_\_\_\_\_

In consideration of my application being accepted, I waive any and all claims for myself, my administrators and my heirs against all officials, organizations and the Waco Striders Running Club for injury or illness which may directly or indirectly result from my participation in this training program. I attest I have full knowledge of the risks involved in this training program , and that I am physically fit and sufficiently trained to participate.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date