



 **5K training group**

**March 31, - May 26, 2015**

 **This is a great opportunity for runners to run your first 5K or if you just need some motivation to get back on your feet.**

**We will meet 6:30 – 7:30 PM Tuesday at South Carroll High for instruction and training as a group. You will have a training schedule for you to keep up with during the week**

**Saturday mornings at 8 AM and Thursday evenings at 6:30 PM will be an optional group run.**

**Price $50 for non members and $45 ERR members includes:**

 **\* 1 evening a week for 8 weeks training and instruction**

 **\* Saturday AM and Thursday PM optional group run**

 **\* T-shirt**

Registration Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_

Gender: Male Female Amount $\_\_\_\_\_\_\_\_\_\_

T-Shirt Unisex sizes, cotton

Adult XS S M L XL XXL

Shiver Shuffle T-shirt – if participating

Adult XS S M L XL XXL

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever run a 5K before? \_\_\_\_\_\_ Are you running now? \_\_\_\_ How often? \_\_\_\_\_\_\_

List any Medical conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WAIVER OF LIABILITY: Participant understands that he/she is subject to the school and council rules of conduct and sportsmanship. The undersigned acknowledges that neither the Freedom Area Recreation Council nor the Eldersburg Rogue Runners provide any registrant medical or hospitalization insurance whatsoever, and hereby waives any and all claims against the Freedom Area Recreation Council, the Carroll County Department of Recreation and Parks, Eldersburg Rogue Runners, or any other person affiliated with these entities and sponsors for injuries sustained while watching or participating in this event or traveling to and from event. I also agree that photographs taken of my child or me while participating in this activity may be used for publicity purposes.**

**I am over 18 or I am the legal guardian of the athlete listed above and have read the above waiver of liability**

**Signature and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail to : ERR 5K training Program, PO Box 1726, Eldersburg MD 21784**

The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact Madeline M. Morey, The Americans with Disabilities Act Coordinator, 410.386.3800, 1.888.302.8978, MD Relay 7-1-1/1.800.735.2258 or email mmorey@ccg.carr.org as soon as possible but no later than 72 hours before the scheduled event.

Questions contact: errmembership@gmail.com