

Name: (Last) _____ (First) _____ Sex: _____

Date of Birth ____/____/____ Age _____

Street address: _____ City: _____

State: _____ Zip/Postal _____ Phone () _____ email _____

Shirt Size: (circle) S M L XL

Running experience:

Your best Bloomsday time: _____

Your best 10K time: _____

How far do you run each week? _____

Name of October Marathon _____

Date of October marathon _____

DECLARATION: In consideration of acceptance of this entry and intending to be legally bound, I hereby for myself, heirs, executors, and administrators waive, release and discharge any and all rights and claims to damage which I may have or which may hereafter accrue to me against the Bloomsday Road Runners Club, other sponsors of this run, or respective officers, agents, representatives, successors and/or assigns, for myself in connection with the Bloomsday Road Runner's Club Marathon Training Clinic. Realizing the dangers of using headphones, I agree I will not wear them. I agree that I will not run with a dog. I agree that I will not run with a baby stroller. I have read the above statement, I understand it, and my signature confirms its acceptance.

SIGNATURE _____ DATE _____

For questions on clinic fees, Joan Pribnow at:
Phone: (509) 624-4297
Fax: (509) 624-6082
e-mail: joanpribnow@comcast.net

Make check payable to **BRRRC**
Send to:
Marathon Training Clinic
605 W Bradford Ct
Spokane, WA 99203