



Community Medical Center brings you the: Missoula Marathon Walking Training Class

Please fill out completely and mail to Run Wild Missoula, P.O. Box 1573, Missoula, MT 59806

Registration Fees:

Run Wild Missoula Members: \$20.00
Non-Run Wild Missoula Members: \$35.00

- Comprehensive Training Program for both the Half and Full Marathon
- Twice Weekly Group Meetings
- Speakers on Various Training Topics
- Nutrition Plan
- Something from RWM that you'll like
- Fun People to Train With

What you get:

- Encouragement, coaching and practical suggestions by veteran marathon walkers

Name (Please Print): _____ Age: _____ Male/Female

Address (Street or PO Box, City, State, Zip): _____

Phone: _____ Email: _____

- **16 WEEK TRAINING PROGRAM BEGINS SATURDAY, MARCH 21 TO THE MISSOULA MARATHON ON SUNDAY, JULY 12TH. 2009**
FIRST CLASS MEETS AT COMMUNITY MEDICAL CENTER, CONFERENCE ROOMS I & J, AT 8 AM.
COME READY TO WALK! DRESS FOR THE WEATHER.

Become a Run Wild Missoula member today! (Membership form at www.runwildmissoula.org).

I know that running and volunteering to work in club races are potentially hazardous activities. I should not enter and run in club activities 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 and volunteering to work in club races including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release Run Wild Missoula and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these club activities, even if that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature _____ Date _____

Parent/Guardian Signature if under 18 _____ Print _____



From day one.