



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHALLENGE YOUR LIMITS

## Couch 2 5K Training Program HARRISON FAMILY YMCA

Get ready for our Color Run 5K on September 28<sup>th</sup> at NC Wesleyan College! It will be timed this year! Whether it's your first 5K or you want to train for a faster time, this is the program to get you where you want and need to be.

**FOR BEGINNER TO NEW RUNNERS | AGES 12 & UP**

**AUGUST 6<sup>TH</sup> - SEPTEMBER 26<sup>TH</sup>**

**TUESDAYS & THURSDAYS AT 5:30 P.M.**

Meet out by the YMCA Soccer Field

### FEES

\$20/YMCA Members

\$30/Community Members

### COMPLETE THE PROGRAM FOR 50% OFF THE COLOR RUN 5K!

- To complete the program, you must attend both days each week. You may not miss more than 4 days total. A sign-in sheet will be provided daily for you to mark your attendance.
- We will e-mail those who complete the program a coupon code on completion date.

#### HARRISON FAMILY YMCA

1000 Independence Drive Rocky Mount, NC  
252 972 9622 [www.harrisonfamilyY.org](http://www.harrisonfamilyY.org)

# REGISTER HERE!

Participant First and Last Name \_\_\_\_\_

D/O/B \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

**Participant's/Parent's Signature (parent signature required if age 17 or under)**

\_\_\_\_\_

Date \_\_\_\_\_