



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



GET UP STEP OUT!

Couch to 5K (C25K) Training Program HARRISON FAMILY YMCA

Whether it's your first 5K or you want to train for a faster time, this is the program for you! This **8-week long program** is designed to prepare you for any 5K! **REGISTER TODAY!**

LOCATION

HARRISON FAMILY YMCA

PROGRAM DATES

May 2nd-June 22nd

8 weeks long

Meets every Tuesday and Thursday at 5:30pm

FEES

Members: \$25

Non-Members: \$35

AGE

Must be 12 years and up

REGISTER HERE



First and Last Name _____

D/O/B _____ Gender _____

Address _____ City, State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Emergency Contact _____

Emergency Home Phone _____ Work Phone _____ Cell Phone _____

Refunds & Cancellations: If cancelled by the Y, a 100% refund will be processed. If cancelled by participant, 15% of the program fee will be non-refundable. If a lesson is cancelled due to weather or other uncontrollable circumstances, a makeup lesson or future credit will be offered. Missed classes due to illness, scheduling conflicts, vacations and other activities will not be made up.

WAIVER OF LIABILITY

I understand and agree that neither the 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 I or my child/ward may suffer during or resulting from my or my child/ward's 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 or my child/ward's participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I or my child/ward can safely participate in this program and whether there are precautions or limitations to my or his/her participation.

Participant's/Parent's Signature _____

Date _____