

CAPITAL CITY MARATHON



**Give Us 18 Weeks
and We'll Help You
Reach Your Goal!**

The Capital City Marathon and South Sound Running are sponsoring marathon and half marathon training for all levels of runners.

- Begins with a continental breakfast on Saturday, January 7, 2017 at 8:30 a.m. at Olympia High School Food Court.
- For all ability levels for the full and half marathons.
- We can help you train for the Boston Marathon.
- Lectures and runs are on Saturdays at South Sound Running, Olympia. We meet at 7:30 a.m.
- All runs include water stops.
- Recovery food is provided after long runs.
- Running hat and gloves provided.
- Benefit from advice and guidance from our experienced staff.

f Check out Capital City Marathon on Facebook for training run information.

Or Go To:
CapitalCityMarathon.org



www.SouthSoundRunning.com
OLYMPIA 3409 Capitol Blvd. (360) 705-2580
TACOMA 1736 Pacific Ave. (253) 593-8786
PUYALLUP 115 South Meridian (253) 268-0016

FULL & HALF MARATHON TRAINING



Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Birth date _____ Age _____

Please Note: If you have any of the following conditions, consult your physician before starting this program: High blood pressure, heart problems, a family history of heart disease, or weight problems. If you have a medical history or present problem that we should be aware of, please describe.

In case of emergency contact:

Name _____ Phone _____

Name _____ Phone _____

Please makes checks, in the amount of \$75, payable to CCMA.

PLEASE READ THE SMALL PRINT: I understand that the effects of exercise on the heart, lung and blood vessel system cannot always be accurately predicted. I know that there is a risk of certain abnormal changes occurring during or following exercise which may include heart rate or blood pressure abnormalities, ineffective heart functioning, and, in rare cases, heart attacks. I further understand that when walking/running/jogging during training group sessions, I am responsible for following laws and regulations concerning pedestrian right of way. I am aware that participation in training group activities can be demanding. I attest that I am in good physical condition, am aware of the dangers and precautions that must be taken when running in warm or cold conditions, have trained sufficiently, and have my physician's/medical advisor's approval of my participation in training group activities.

In consideration of acceptance of my participation in the group, I, the undersigned, intending to be legally bound, hereby for myself, my family, my heirs, executors and administrators, forever waive, release, discharge and hold harmless training group staff, CCMA, South Sound Running, any and all other sponsors and their representatives, successors and assigns, from any and all rights, claims, demands, causes of action or liability for damage for any and all injuries to me and my property, or for damage caused by me or by anyone else, arising out of my participation in training group sessions.

This release extends to all claims, demands, causes of action of every kind and nature whatsoever, whether known or unknown and I expressly waive any benefits I may have under any statute or law relating to the release of unknown claims. I further assume and will pay my own medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expenses.

I understand that the persons directing, assisting or helping with this program are volunteers who serve without financial recompense. The fee associated with this program is for the purpose of administration and purchase of training materials and t-shirts. I have read the following foregoing information and I understand that I am free to withdraw from this program at any time without prejudice.

Participant's Signature _____ Date _____

Witness' Signature _____ Date _____

Participants 18 or younger, need parental/guardian signature. I, the parent/guardian of the participant fully understand the description of potential risks and waiver of liability in the above paragraphs and accept the conditions of his/her participation in the Capital City Marathon Training Group. He/she has my permission to participate as a member of the Capital City Marathon Training Group.

Parent/Guardian Signature _____ Date _____

Witness' Signature _____ Date _____