RESOLVE TO RUN IN 2016 FOR ARLINGTON THRIVE
Registration Form

Training Agenda: The purpose of the training program will be to prepare each participant to compete in a 5k, 10 mile or half-marathon race. For example, the GW Parkway Classic 10 Miler or 5K race takes place on Sunday, April 24, 2016. Registration and fees for an official running race are separate.

The 10 Mile training will run from February 6 to April 16, 2016 and the 5K training will run from February 27 to April 16, 2016. Trainings are held at Bluemont Park, 601 N. Manchester (corner of Manchester and Wilson) on Saturday mornings beginning at 9 a.m. The cost for the Resolve training program is $85.00 and includes the training, materials and a $25 donation to Arlington Thrive.

By participating, you will be supporting a local nonprofit charity, Arlington Thrive. Arlington Thrive delivers same-day emergency funds to our neighbors in crisis, so they can be secure in their jobs, health, and homes and thrive in a caring community. Participants will also be encouraged to raise funds for Arlington Thrive and our neighbors in need. For information about Arlington Thrive, see www.arlingtonthrive.org. Information about fundraising will be provided later.

Training meeting location: Bluemont Park, 601 Manchester St at the corner of Wilson Boulevard in Arlington, VA 22203. At the intersection, enter the Bluemont Park parking lot; we will meet at the pavilion at the far end of the parking lot. Training runs will start at the W&OD Trail 3.5 mile marker.

For More Information: Contact Coach Denny Pinch at dennypinch@comcast.net or call 703-979-3245.

Please complete and sign the attached registration form and return to Arlington Thrive.

DISCOUNTS OFFERED

PACERS RUNNING STORE: Resolve to Run registrants will get a 20% discount at a Purchasing Party at the Clarendon Pacers Running Store. 3100 Clarendon Blvd, Arlington. Once registered for Resolve to Run, you will receive an invitation to a private shopping party at Clarendon Pacers.

GW Parkway Classic RACE: A discounted fee will be offered to GW Parkway Race registrants. Once registered for Resolve to Run, you will receive a promo code to use when you register for the GW race.
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Registration Form

Name ________________________________________________________________

Address_______________________________________________________________

Phone Numbers (h) ___________ (w) ___________ (c) ____________________________

Email Address ____________________________________________________________________________________________

Emergency contact name and phone number ________________________________________________________________

Describe your current/recent workout routine.

_________________________________________________________________________________

What has been your longest run in the last two weeks? ________________________________

What are your goals for this training program? _______________________________________

_________________________________________________________________________________

Waiver: I know and understand that training for and running a road race is a potentially hazardous activity. I should not train for and enter the race unless I am medically able and properly trained. I assume all risk associated with the training program, including but not limited to: falls, contact with others, the effects of the weather, traffic conditions, the conditions of the roads or trails, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting me as a participant in your training program, I, for myself and anyone entitled to act on my behalf, waive and release Arlington Thrive and anyone associated with Arlington Thrive, Denny Pinch, and Eileen Gould and her heirs, successors and assigns from any and all claims of liabilities of any kind arising out of my participation in this training program and the 10 Miler or 5K race, even though that liability may arise out of negligence or carelessness on the part of the person(s) named in this waiver.

Signature __________________________________________________ Date ____________________________

RETURN THIS FORM WITH $85
To staff or mail it to:
Arlington Thrive,
P.O. Box 7429
Arlington, VA 22207