



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



5K 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! **REGISTER TODAY!**



ALL WHO COMPLETE THE PROGRAM WILL RECEIVE 2 FREE COLOR PACKS FOR OUR UPCOMING COLOR RUN! YOU DON'T WANT TO MISS YOUR CHANCE TO RUN WITH BLASTS OF CRAZY COLORS!

LOCATION

HARRISON FAMILY YMCA

PROGRAM DATES

August 15th-September 19th | Color Run: September 23rd
Meets every Tuesday and Thursday at 5:30pm

FEES

Members: \$25 | Non-Members: \$35
*PLEASE REGISTER BY AUGUST 14TH

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_____