



THE NEXT STEP 10K/10Mile TRAINING PROGRAM

Cost is \$45 for HC Striders Members (Join at www.striders.net if not a member)

Mail check made payable to Howard Country Striders to: Dwight Mikulis 12681 Folly Quarter Rd Ellicott City, MD 21042

NAME: _____ M or F: _____ Age as of April 20, 2010: _____

ADDRESS (STREET,CITY,STATE &ZIP): _____

Best Phone Number: _____ Best E-MAIL ADDRESS: _____

IN CASE OF AN EMERGENCY:

CONTACT NAME &BEST PHONE NO.: _____

SO THAT WE MAY BE BETTER ABLE TO CUSTOMIZE THE TRAINING, PLEASE ANSWER THE FOLLOWING:

How long have you been running: _____

Circle the miles per week that you run: Less than 10 10 to 20 21 to 30 31 to 40 Over 40

Please list your best times in the past year for the distances that apply or note you have not run the distance before.

10K: _____

10M: _____

Pick one primary goal and one secondary running goal for this program from list below: (P or S)

____ Train for longer distance races (If so, what distance?) _____

____ Run a faster 10K (If so, what is your goal time?) _____

____ Run a faster 10M (If so, what is your goal time?) _____

____ Increase fitness and speed, but may not race.

____ Other: _____

WAIVER -PLEASE READ AND SIGN

I know that running is a potentially hazardous activity. I should not enter The Next Step program unless I am medically able and properly trained and will submit the required forms including the Par-Q. I assume all risks associated with running including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Road Runners Club of America, the Howard County Striders Inc., and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in The Next Step program, even though that liability may arise out of negligence or carelessness on the part of the persons named in the waiver. I grant permission to all of the foregoing to use photographs, motion pictures, recordings, or anyother records of these events for any legitimate purpose.

Signature

Date