



# Fit School Running

For women wishing to begin and maintain a consistent running program

This program provides:

- Monday & Wednesday group workouts in a fun, non-intimidating environment.
- Personal goal development.
- Interval training.
- One on one attention.
- Advice on running technique and mechanics.
- Instruction in injury prevention, stretching and strength exercises.
- Overall enjoyment of running.

All fitness levels are welcome!

Fall Session: Monday, March 4<sup>th</sup> -  
Wednesday, April 17<sup>th</sup>

Class Times/Location:

5:50—6:50am – Barkley Pond\*

8:30—9:30am - Barkley Pond\*

5:30—6:30pm - Barkley Pond\*

Only \$119 for 6 weeks/12 workouts

\*Location: Barkley Pond/Fountain Trail, Cinema Place, Bellingham, WA (near Regal Cinemas).



Want to register on line instead? Go to <https://thefitschool.com/classes/in-person/>

TheFitSchool.com Carol@TheFitSchool.com



## Fit School Running

1. In consideration of being allowed to participate in the personal fitness training activities and programs of Fit School, Inc. and Carol Frazey and the use of her services, in addition to the payment of any fee or charge, I do hereby forever waive, release, and discharge Fit School, Inc. and Carol Frazey from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of Fit School, Inc. and Carol Frazey or others acting on her behalf, arising out of or connected with my participation in any activities, programs, or services of Fit School, Inc. and Carol Frazey, or the use of any equipment at various sites, including home, provided by and/or recommended by Fit School, Inc. and Carol Frazey.

(\_\_\_\_\_ Please initial)

2. I have been informed, understand, and am aware that strength, flexibility, and aerobic exercises, including the use of equipment, are potentially hazardous activities. I also have been informed, understand, and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using the equipment and machinery with full knowledge, understanding, and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

(\_\_\_\_\_ Please initial)

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs, and the use of exercise equipment. I also acknowledge that it has been recommended that I have yearly or more frequent physical examinations and consultations with my physician as to physical activity, exercise, and the use of exercise equipment. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in the exercise activities, programs, and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in any activities, programs, and use of equipment.

(\_\_\_\_\_ Please initial)

4. I understand that Fit School, Inc. and Carol Frazey's provision and maintenance of an exercise/fitness program for me does not constitute an acknowledgment, representation, or indication of my physiological well-being, or a medical opinion relating thereto.

(\_\_\_\_\_ Please initial)

5. Photo Release: I grant to Fit School, Inc. and Carol Frazey, its representatives and employees the right to take photographs and videos of me, to copyright the material, and use and publish the same in print and/or electronically. I agree that Fit School, Inc. and Carol Frazey may use such images of me with or without my name and for any lawful purpose, including for illustration, advertising, social media, and web content.

(\_\_\_\_\_ Please initial)

I Agree: \_\_\_\_\_  
Signature of Participant
Print Name
Date

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Participant Fee: \$119 (Please pay prior to first clinic.)

Circle Class Time: Monday and Wednesday    5:50-6:50am    8:30-9:30am    5:30-6:30pm

Circle pay method:    Cash    Check    Visa    MC    AmEx

CC# \_\_\_\_\_

Exp. Date: \_\_\_\_\_    Security Code: \_\_\_\_\_