

LEARN to RUN

with FootZone



8-week Program
starts **Wednesday, April 15th** at 5:30pm

Sessions/clinics will be on Wednesdays at 5:30 (starting April 15th)

Cost is \$45 (\$5 discount if you sign up with a friend by April 8th)

This includes all instruction and a "running essentials" package of a custom long sleeve wicking tee, Suncloud sunglasses (courtesy of SportsVisionBend), hat, gloves, socks and great discounts on a personalized running shoe fit and bra fit at FootZone (not to mention all the advice and support the leaders and staff at the FootZone can muster).

Questions?

Call FootZone at 317-3568 or E-mail the Learn To Run leaders...

Connie Austin: conzaustin@gmail.com
Allison Wetter: allison@freshairsports.com



Learn To Run Sponsors



"LEARN TO RUN" SIGN UP

Name: _____

Address: _____

City: _____

Phone: _____

Email: _____

Age: _____ Gender: M F

SIZES (FOR FREE SHIRT & SOCKS)

Unisex Shirt Size: S M L XL XXL

Womens Specific Shirt Size: S M L XL

Shoe Size: _____

COST

\$45.00

MAKE CHECKS PAYABLE TO

Footzone Events
(No Refunds)

DROP-OFF OR MAIL TO

Footzone
845 Wall St.
Bend OR, 97701

WAIVER

I know that running is a potentially hazardous activity. I should not enter the FootZone Learn To Run program unless I am medically able. If I have any questions regarding my ability to participate in this program, I will consult a doctor to obtain clearance before beginning the program. I assume all risks associated with participating in this program including weather, traffic and various unforeseen running conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the FootZone Learn To Run Program, the leaders, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this program even though that liability may arise out of the negligence or carelessness on the part of the persons named in this waiver.

Signature _____ Date _____