



# Member Application Form

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relation: \_\_\_\_\_

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

### Current Personal Bests

| Distance  | Race Name | Goal Race Time |
|---|-----------|----------------|
| 1Mile   | _____     | _____          |
| 5k  | _____     | _____          |
| 8k  | _____     | _____          |
| 10k   | _____     | _____          |
| 15k   | _____     | _____          |
| Half  | _____     | _____          |
| Full  | _____     | _____          |
| Triathlon Distances (Only for Multisport Clients) |           |                |
| Spr   | _____     | _____          |
| Oly   | _____     | _____          |
| Half  | _____     | _____          |
| Full  | _____     | _____          |

| Program Rates          | Price(s)                     | Check Box                |
|------------------------|------------------------------|--------------------------|
| Monthly                |                              |                          |
| -Running               | \$100/month      \$1200/year | <input type="checkbox"/> |
| -Multisport            | \$120/month      \$1440/year |                          |
| 1-on-1 (50min session) | \$60/session                 |                          |

Payments are made by Secure Invoice via Square, Inc.  
\*All Payments will have a receipt provided, and can be mailed upon request

**Business EIN #: 81-1448011**

### Waiver/Release Liability Agreement

I hereby represent that I am at least eighteen (18) years of age or older; and I am in good health and in proper physical condition to participate. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate, that I am responsible for my own safety and well-being at all times and under all circumstances while participating.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_