



LUNCHTIME RUNNER *"Run for your life"*

LTR Training Program Contract & Release Form

We at LunchTimeRunner ensure to you, our client, that we will supply you with the appropriate workouts specific to you, your fitness level and your running/walking goals according to the plan you have purchased. After the plan has been purchased, everything included in that plan will be made available to you.

Here at LunchTimeRunner, your fitness goals as a runner/walker are our primary goals. Our mission is to provide you with quality over quantity training for your busy schedule, designed to your specific needs and current fitness levels - no more, no less.

I, _____ understand that by subscribing to the program I have chosen, I agree to pay the total due. I understand I will be receiving specific instructions on how to train, prepare and maintain a safe and healthy regime in order to achieve the goals I have set for myself or that LunchTimeRunner has recommended for me. Many of the workouts included in the plan will be conducted on my own. If there are ever any questions or concerns regarding any workout or conditions of the chosen program, I should contact LunchTimeRunner in a timely fashion requesting guidance. Said guidance will be answered in a timely fashion as soon as it is received. Any and all information received by you from LunchTimeRunner is proprietary and shall not be disseminated for personal gain other than for what it is intended or for the benefit of others.

I, _____, intending to be legally bound, understand and agree that I am voluntarily participating in the LunchTimeRunner (LTR) Training Programs at my own request and at my own risk. I acknowledge that I am aware of the risks inherent in group training runs and certify that I am physically fit, have not been otherwise informed by any physician and know of no restrictions imposed on me by my own physician that would in any way prevent me from actively participating in these runs.

In consideration of being permitted to participate in LTR events, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and agree to hold harmless, LTR and its affiliates, agents, employees and representatives, successors and entities (be they individuals or organizations, singly and collectively), together with their insurers, of and from any and all liability, claims, damages or causes of action for any reason, including, without limiting the generality of the following, death, bodily injury, property damage or any other loss or inconvenience whatsoever, suffered by me at any time hereafter occurring as a result of my voluntary participation in the LTR Training Programs (LLC).

Date: _____

Signature of Participant _____

(parent/guardian if under 18)

Print Name _____

Email & Phone # _____



LTR Training Program Questionnaire

Please answer the following questions as completely as possible to help us better help you!

How did you hear about this LTR Training Program: *(identify primary source only)*:

- Referred by a friend and/or customer
- Store Visit _____ (what store location?)
- Brochure / flyer / Gift Certificate
- Store Newsletter
- Magazine Advertisement _____
- Newspaper Advertisement _____
- Gym _____
- Website _____
- Other _____

Personal Information:

1. Last name _____
2. First name _____
3. Gender (m/f) _____
4. D.O.B _____
5. Age _____
6. Address _____
7. City _____
8. State _____
9. Zip code _____
10. Phone _____
11. Email _____
12. Occupation _____
13. Current mile, 5k or 10k time (must be within 2 weeks of application)
14. Personal Bests (PB's): 1mile: 5km: 10km: ½ marathon: marathon:

Disclaimer: Before starting a physical fitness program it is highly recommended that you schedule a checkup with your doctor to insure you have a clean bill of health. LTR are not responsible for injury or illness incurred by activities prepared by LTR. LTR promotes healthy living in its clients and does not put its clients in peril with its choice of fitness regimes.

Health History:

1. Are you aware of any possible medical conditions for which a doctor may advise supervision during physical activity? Y N
If so, what is/are the condition(s) _____

Lifestyle questions:

1. What is your primary goal by training with LTR?
2. Will you be joining with a group or as an individual? _____
3. What race distance will you be racing after the twelve-sixteen week (3-4 month) program?
Which program would you like to sign up and pay for? _____
What is the approximate date of the race? ____/____/____
 - 1 mile
 - 5km
 - 10km
 - ½ marathon
 - Marathon
 - General fitness / walking
 - Other _____
4. Will this be the first time you have trained this specifically with a certain goal in mind? Y N
5. Have you ever participated in a workout program like this before? Y N
Did you get results? Y N
6. If applicable, what has prevented you from sustaining your racing/training fitness in the past?
7. Realistically, how many days per week can exercise fit into your lifestyle?
Hours per day?
8. What day(s), if any, can you not exercise?
9. How much running(miles/week) have you done in the past 3 months?

Disclaimer: all disclosed information is considered confidential between client & LTR

Date: _____

Signature of Participant _____
(parent or guardian if under 18)

Print Name _____

Email & Phone # _____

Questions?
www.LunchTimeRunner.com
oconnor@lunchtimerunner.com
781-956-0862

Please print, fill out and sign all documents and return with payment to:

(checks or money orders made out to LunchTimeRunner)

LunchTimeRunner
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Medford, Ma 02155