

ET Half Marathon Training Class

Spring 2011 session open for registration



So, you want to run a spring half marathon? Whether you're a first-timer or you're looking to improve your performance at the half marathon distance, our spring Half Marathon Training Class is for you! Join USAT certified [Coach Suzy Cerra](#) for this 10-session training class designed to prepare you for a spring race including the Great Western Half Marathon on May 1, the Indy Mini Marathon on May 7, and the Chicago Spring Half Marathon on May 15. Here's what you'll get:

- A 10-week training plan including a weekly group coached long run, weekly run workouts, and cross training guidance.
- Access to a USA certified coach for guidance, support and question answering during class time.
- Access to other training partners to share your journey with.
- A "coach's tip of the day" before each weekly long run.
- Race day preparation discussion and assistance with race day goal planning to help eliminate uncertainty and doubt.
- The opportunity to learn about running related topics, run further, feel better about yourself, and have **FUN** with your training! 😊

Cost: \$90

Day: Saturdays

Time: 7:45am

Dates: February 26 – April 30

Location: Starbucks. 22 E. Chicago Ave., Naperville, IL 60540

Contact Coach Suzy Cerra at coachsuzy@experiencetriathlon.com
or 630.240.3696 for additional information.

Register by completing the forms below.

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Registration Form

Spring 2011 Session: **February 26 – April 30**

1. Cost: \$90
2. Complete the contact information, payment information and waiver below.
3. Submit completed form, payment and signed waiver via US mail or fax to:

Experience Triathlon
PO Box 4622, Naperville, IL 60567

Fax: (630) 445-5822

Participant's Name _____ Birth Date _____

Address _____ City _____ Zip _____

Email _____

Phone _____

Signature _____

Please mail (or fax) registration to: Experience Triathlon. PO Box 4622, Naperville, IL 60567

Fax → 630-445-5822

Payment type:

☐ Check payable to Experience Triathlon ☐ Credit Card on file ☐ Credit Card below

Name on credit card _____

Billing address if different than above _____ zip _____

Credit Card number _____

Expiration date _____ Security code (3 or 4 digits on back of card) _____

I acknowledge that training for and/or participating in a bicycle, running, swimming, triathlon or duathlon event is an extreme test of a person's physical and mental limits and such training or participation poses potential risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ASSUME ALL THE RISKS OF TRAINING FOR AND PARTICIPATING IN SUCH EVENTS and agree to the following

ExperienceTriathlon LLC has been retained to assist me in the improvement of my fitness.

I hereby attest that I am in good health and my physical condition has been verified by a licensed medical doctor and, furthermore the licensed medical doctor has been advised that I intend to participate in these events.

In consideration of being accepted as a fitness client by ExperienceTriathlon LLC, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf: (a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, costs, or liabilities for death, personal injury or damages of any kind, which arise out of or relate to my training for or participation in a bicycling, running, swimming, triathlon or duathlon event, THE FOLLOWING PERSONS OR ENTITIES: ExperienceTriathlon LLC (b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, costs or liabilities that I have waived, released or discharged herein; and (c) I INDEMNIFY, DEFEND, and HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions except those resulting from the willful acts or gross negligence of ExperienceTriathlon LLC.

I agree to abide by the laws of the State of Illinois and to litigate any disputes between myself (the Client) and ExperienceTriathlon LLC within the legal jurisdiction of Illinois, (DuPage County)

I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM WAIVING SIGNIFICANT LEGAL RIGHTS AND AM INCURRING SIGNIFICANT LEGAL LIABILITIES. I HAVE BEEN SPECIFICALLY ADVISED TO CONSULT WITH AN ATTORNEY IF I DO NOT UNDERSTAND ANY PORTION OF THIS RELEASE AND AGREEMENT.

Print name

Signature

Date