

Group Track Program – Spring 2011

Track interval running workouts and coaching for runners of all levels



Experience Triathlon Group Track Program is a weekly coached track interval workout under the guidance of USA Track & Field and USA Triathlon coach Joe LoPresto. It's designed to improve your run speed and performance levels. Runners should have a few months of consistent running several times per week prior to the class start. Participants will receive the following benefits:

- Learn to adapt the legs to faster turnover and the body to higher demands.
- Increase physiological efficiency and improve top speed.
- Enjoy a great environment for the 'feel' of speed and receive performance feedback.
- Group coaching on key topics such as pace, proper fast running form, running drills, breathing, heart rate zone training, interval training, injury prevention, race strategies and recovery.
- Group support and motivation to run faster and longer. 😊

Cost:

\$120 for 8 sessions
\$110 for ET Club Members
\$80 for ET coached athletes
Drop in any session for \$20 per session

Day:

Tuesday

Time:

6:30 – 7:45 PM

Dates:

April 26 – June 21 (no class May 10)

Location:

Rotolo Middle School. 1501 S. Raddant Road, Batavia, IL 60510

Contact Coach [Joe LoPresto](#) at 630-430-9006 for additional information.

Register by completing the forms below.



ET Track Program
Registration Form

2011 Session: April 26 – June 21 (no class May 10)

1. Cost:

\$120 for 8 sessions
\$110 for ET Club Members
\$80 for ET coached athletes
Drop in any session for \$20 per session

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 LLC
PO Box 4622, Naperville, IL 60567
Fax: (630) 445-5822

Participant's Name _____ Birth Date _____

Address _____ Zip _____

Email _____

Phone _____

Signature _____

Please mail (or fax) registration to: Experience Triathlon LLC
PO Box 4622, Naperville, IL 60567
Fax -> 630-445-5822

Payment type: ___ Check payable to Experience Triathlon ___ Credit Card ___ Card on file

Name on credit card _____

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