



2010 Boston Bound Training Program

Name: _____ Date of Birth: _____

Gender: Male Female

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-Mail Address: _____

Shirt size: S M L XL

Number of years running: _____ Average Weekly Mileage for past month: _____

Longest run in past month: _____ Number of days you run per week: _____

Most Recent Marathon: _____ Time: _____

Most recent 5K/10K/10M/1/2Marathon time (please specify): _____

Name and date of race: _____

Marathon you are training for: _____

How did you find out about this program? _____

Liability Waiver: I understand that running and training for a marathon are potentially hazardous activities which include the risks of injury and death. I understand that I am solely responsible for my health and medical condition, and that it is my responsibility to determine, along with my own physician, my physical and mental fitness to undertake a strenuous marathon training program. I assume all risks, including injury and death, associated with or arising out of my participation in this marathon training program, and I hereby waive and release the coaches of this marathon training program from all claims and liabilities of any kind or description arising out of my participation in this program.

Signed: _____ Date: _____

Return with your check payable to Mike Broderick for \$150. **No refunds** after program begins; mail to: Mike Broderick, 17723 Garrett Drive, Gaithersburg, MD 20878.
(240) 338-2210