

Fleet Feet Sports Brighton  
2210 Monroe Avenue  
Brighton, NY 14618  
(585) 697-3338

Fleet Feet Sports Ridgeway  
2522 Ridgeway Avenue  
Rochester, NY 14626  
(585) 270-4334



Web: [www.fleetfeetrochester.com](http://www.fleetfeetrochester.com) · email: [training@fleetfeetrochester.com](mailto:training@fleetfeetrochester.com)

## **No Boundaries Learn to Run 5K · 2pt0 · 10K & \*NEW\* WalkFIT Program**

*Note: Fleet Feet Sports advises that you consult with a physician before beginning any exercise program.*

### **What is WalkFIT?**

Perfect for those who have no desire to run, but still want to be active and fit. WalkFIT is strictly walking and perfect for the beginner exerciser to the advanced walker who can walk 3 miles.

### **What is No Boundaries Learn to Run 5K Training?**

A beginner 5K program designed to guide you safely and effectively into running, while learning valuable information on healthy living. Perfect for people who don't run at all, have a hard time starting or are unsure what to do. This program starts out walking and slowly builds into running, preparing you for a 5K (3.1 mile) race.

### **What is 2pt0 Training?**

Perfect for those who recently ran their first 5K and want to improve but aren't yet ready for longer distances. This program will work to improve speed, endurance and performance at the 5K level.

### **What is 10K Training?**

Perfect for those who can run between 2 - 3 miles but have a hard time going further. This program will train you towards a 10K (6.2 miles). For those who run 2-3 miles or want to move from the 5K to the 10K distance.

### **Where do Coached Workouts Occur?\***

**Saturdays at 8AM:** Locations change each week to allow for variety. We'll provide a schedule.

**Wednesdays at 6PM at 2 Locales (workouts will be identical at both locales)**

**Genesee Waterways Center  
Elmwood Rd  
(near U of R and Genesee Valley Ice Rink)**

**Fleet Feet Sports Ridgeway  
2522 Ridgeway Ave  
Rochester, NY 14626**

We do ask that when registering that you indicate at which location you will be attending the majority of your workouts. (On 2/14 & 2/29, the workouts will be on Tuesday 2/14 & 2/28 instead)

## **Kickoff & First Group Workout - February 11<sup>th</sup> from 8AM – 10AM at Genesee Waterways Center**

### **The Program Includes:**

- ◆ A 12 week flexible workout program, breaking your training down week by week and day by day.
- ◆ Online Training Tool to track progress and provide feedback & unlimited email access to coaches
- ◆ Workshops on various topics Stretching, Nutrition, Preparing for your Race, and more.
- ◆ A safe and supportive environment for all athletic abilities that builds lasting camaraderie and friendships
- ◆ Weekly COACHED group workouts on **Saturdays at 8:00 a.m. and Wednesdays at 6:00 p.m.\***
- ◆ Coupon booklet of savings.
- ◆ This 12 week program will prepare you for the Wegmans Family 5K (part of the Unity Health System Rochester Flower City Challenge on Apr. 29<sup>th</sup>). The 10K program will prepare you for the Lilac 10K in mid May.

### **Free Informational Sessions**

**Thursday, January 26<sup>th</sup> at 7:15PM** at Fleet Feet Sports Ridgeway, 2522 Ridgeway Ave

**Monday, January 30<sup>th</sup> at 6PM** at Fleet Feet Sports Brighton, 2210 Monroe Ave Brighton

**Thursday, February 2 at 7:15PM** at Fleet Feet Sports Ridgeway, 2522 Ridgeway Ave

**Monday, February 6<sup>th</sup> at 6PM** at Fleet Feet Sports Brighton, 2210 Monroe Ave Brighton

**Fee:** \$100 until February 5<sup>th</sup>. On February 6<sup>th</sup> the fee increases to \$110.

**No Refunds after February 27<sup>th</sup>, 2012**

**Online Registration  
Recommended!**

**You can register online via <http://www.fleetfeetrochester.com/training/no-boundaries>  
(there is no online surcharge)**

**OR with cash, check or charge at Fleet Feet Sports**

**Internal Use Only:**

**WF 10k 2.0 5K East/ West Date Pd: \_\_\_\_\_ Cash/Check No: \_\_\_\_\_ Amount: \_\_\_\_\_ Rec'd Coupon \_\_\_\_\_ (check & initial)**

**No Boundaries Health Evaluation Form, Registration & WAIVER**

This form is intended to obtain necessary information about your health that will assist the Fitness Professional in helping you design a program appropriate to your needs. For most people, physical activity should not pose a problem. However, for some individuals physical activity might be inappropriate. Some participants may also need medical clearance and Ellen Brenner may contact you or your physician for clarification regarding your answers below.

Please complete these forms and return with payment **to Fleet Feet Sports by Wednesday, February 8th.**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Age \_\_\_\_\_

**E-mail:** please PRINT (communication is via E-mail & Internet) \_\_\_\_\_

Are you a Unity Health System Employee: yes no Gender: M F (circle one)

**Program Location (where will you attend most Wednesday workouts): East West**

**I am interested in (Circle one): WalkFit 5K 2.0 10K**

Circle One: Shirt Size (women): S M L XL XXL Shirt Size (men): S M L XL XXL (Please note that these are tech shirts)

How did you hear about the program? \_\_\_\_\_ FF Newsletter \_\_\_\_\_ FF Website \_\_\_\_\_ Facebook \_\_\_\_\_ Friend

\_\_\_\_\_ I participated in \_\_\_\_\_ Program in \_\_\_\_\_ I was referred by a NoBo Graduate \_\_\_\_\_  
(5K/10K/2.0) (Year) (Name)

Other \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Please list someone who we can contact in case of emergency)**

Name \_\_\_\_\_ Phone(s) \_\_\_\_\_ Relationship \_\_\_\_\_

**EXERCISE HISTORY & GOALS**

**I am a No Bo 5K Graduate: Yes No (Circle One) Which year: \_\_\_\_\_**

**PLEASE BE VERY DETAILED HERE**

Have you ever been on a regimented exercise program? Y N If so, when?

How long were you on this regular regimented exercise program?

What activities did you engage in?

Are you currently exercising regularly? Y N If yes, for how long?

How many days/week do you exercise?

What is the duration of your exercise?

What does your current exercise program consist of?

Note: Sorry but there are no refunds after 2/27/2012

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**BLOOD PRESSURE**

Do you have high blood pressure? Y N  
Have you ever had high blood pressure in the past? Y N  
Are you currently on medication for high blood pressure? Y N

**SMOKING**

Do you smoke? Y N Are you a former smoker? Y N Date Quit? \_\_\_\_\_

**HEART AND CIRCULATORY PROBLEMS**

Have any of your blood relatives had heart or circulatory disease, heart surgery or angina? Y N

If yes, please give details:

Have you ever been told by a doctor that you have heart problems, circulatory problems, high cholesterol or triglycerides? Y N

If yes please indicate specific history below and give dates:

Heart Attack Date: \_\_\_\_\_ Cardiac Pacemaker Date: \_\_\_\_\_  
Heart Bypass Date: \_\_\_\_\_ Angina Date: \_\_\_\_\_  
Coronary Balloon Angioplasty Date: \_\_\_\_\_ Irregular Heart Rhythms Date: \_\_\_\_\_  
Stroke Date: \_\_\_\_\_ Rheumatic Heart Disease Date: \_\_\_\_\_  
High Triglycerides Date: \_\_\_\_\_ Heart Murmurs Date: \_\_\_\_\_  
High Cholesterol Date: \_\_\_\_\_ Number? \_\_\_\_\_  
Other: \_\_\_\_\_

**SURGERIES/INJURIES/MAJOR ORTHOPEDIC PROBLEMS AND ILLNESSES**

Have you ever had any surgeries, injuries or illnesses that limited or would limit your ability to exercise? Y N

If yes, please describe: \_\_\_\_\_

**PHYSICAL THERAPY, CHIROPRACTIC or other alternative medical therapies (Acupuncture, Massage therapy etc.)**

Have any of your injuries required physical therapy or chiropractic attention? Y N

If yes, give dates:

Are you currently involved in physical therapy, chiropractic or alternative therapies? Y N

If yes, with whom?

**Have you ever experienced any of the following: (Circle all that apply)**

Anemia	Asthma	Diabetes
Pulmonary Disease	Kidney Disease	Cancer Type/Date
Arthritis	Fainting spells	Back/leg pain
Poor Vision	Swelling of hands/feet	Poor Hearing
Knee Pain	Shoulder Pain	Ankle Pain
Osteoporosis	Fibromyalgia	Thyroid Problems
Epilepsy	Diabetes	Stress Fracture

**MEDICATIONS**

Please note any medications you are currently taking:

Name of Drug Reason for Taking

**OTHER**

Is there any other medical reason not mentioned here that would limit your ability to engage in physical activity? Y N

If yes, please describe:

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**Waiver**

**GENERAL STATEMENT RE: PHYSICAL EXERCISE & FLEET FEET SPORTS**

I understand that my decision to engage in physical exercise with Fleet Feet Sports/Ellen Brenner and David Boutillier may include exercises, facilities and/or equipment designed to improve muscular strength and cardiovascular endurance.

**Description of Potential Risks associated with Physical Exercise**

I understand that the reaction of the heart, lung, and blood vessel system to physical exercise cannot be predicted with accuracy. I understand that there is a risk with certain **abnormal** changes during or following physical activity. These changes may include, but are not limited to abnormal changes in blood pressure, heart rate, ineffective functioning of the heart, and in rare cases a heart attack (cardiac arrest, or possibly death). Use of weight resistive equipment or engaging in heavy body calisthenics can lead to musculoskeletal strains, pain or injury. I understand that a stretching program with a warm up period before and a cool down period after engaging in physical exercise can reduce the risk of pain and injury. Information regarding warm-up, cool down and stretching exercises will be provided to me by an instructor during my scheduled orientation.

**Responsibility of Client**

I have completed the medical history profile and understand that I must disclose all of my physical and medical conditions, limitations and sensitivities. I understand that Ellen Brenner/David Boutillier reserves the right to request permission from my physician if it is determined I may be at a high risk for injury or medical complications. I understand that it is up to me to request instruction for a particular machine or exercise if I am unsure of its operation or purpose.

**Emergency Care**

I understand that I must inform a coach immediately if I experience any problems while working with her or under her workout instruction. I understand that Ellen Brenner and David Boutillier nor any of the coaches are not medical professionals in their suggestions or opinions must not be considered medical advice. Any information imparted to me should be discussed with a health care professional. In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

**Release of Liability Statement**

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction. I understand that I am free to deny answers to specific items or questions during interviews or when filling out questionnaires, and to decline to participate in any recommended activity. The information which is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed verbal or written consent. I agree that all instruction in use of equipment or exercises shall be undertaken at my own risk and I further agree that I am physically and mentally able to undertake any and all instructions provided. I certify that this program is undertaken at my sole choice and risk. No refunds after June 26th.

**Follow the rules of the road, obey traffic signs and signals, don't run with traffic, try to run on sidewalks**

**Fleet Feet Sports Release and Waiver of Liability, Assumption of Risk, and Indemnity**

**In consideration** of being permitted to participate in any way in Fleet Feet Sports sponsored Running Activities ("Activity"), I for myself, my personal representatives, assigns, heirs, next of kin, or anyone else who might claim or sue on my behalf:

1. **Acknowledge**, agree, and represent that I, the undersigned, understand the nature of Running Activities and that I am qualified, in reasonable health, and in proper physical condition to participate in such Activity and have not been advised otherwise by a qualified health professional. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the activity and upon which the hazards of traveling are to be expected. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. **Fully accept** that: (a) **running activities involve risks and dangers of serious bodily injury, including but not limited to permanent disability and/or paralysis, and death ("risks")**; (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Running Activity, the condition in which the Activity takes place, or **the negligence of the "RELEASEES" named below**; (c) there may be other risks including but not limited to, falls, crashes with others, the effects of weather, and road conditions; and social and economic losses including but not limited to property damage, medical and hospital bills, or theft; either not known to me or not readily foreseeable at this time; and **I fully accept and assume all such risks and all responsibility for losses, costs, and damage** I incur as a result of my participation in the Activity.

3. **Hereby release, discharge, and covenant not to sue** YellowJacket Running and Fitness, Inc, it's respective board members and officers, members, organizers, volunteers, run leaders, other participants, and any sponsors and advertisers and, if applicable, owners and leasers of the premises on which the Activity takes place (each considered one of the "RELEASEES" herein) **from liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise**, including negligent rescue operations and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on my behalf, makes a claim against any of the **RELEASEES, I will indemnify, save and hold harmless each of the RELEASEES** from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as a result of such claim.

4. **Agree** that runners under 18 years of age must be accompanied by parent or guardian.

5. **Acknowledge** that the route has been described to me and that I understand the route even though it may not have a map, and **accept all risks** related to running this route, either alone or in the company of others, regardless of weather conditions or any hazards along the route, either foreseeable or unforeseeable by myself or the **RELEASEES**, including, but not limited to, road conditions, road construction, debris on the route, traffic conditions, or wild or domestic animals.

**I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.**

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_