



NORTH JERSEY MASTERS

Beginners Program

Application for Enrollment

*Please send completed form along with a check for \$90 payable to "North Jersey Masters" to:
North Jersey Masters (Beginners Program), PO Box 56, Ridgewood, NJ 07451*

Preferred location and time (check one):

☐ Glen Rock Duck Pond, Saturday 9:00 am

☐ Ridgewood Duck Pond, Wednesday 9:30 am

Full name: _____

Date of birth (MM/DD/YYYY): _____ **Gender (F/M):** _____

Address: _____

Cell phone: _____ **E-Mail:** _____

Emergency Contact (Name): _____ **(Phone):** _____

T-Shirt Size (S/M/L/XL/XXL): _____ **Your current fitness level (1-good to 5-poor):** _____

How did you hear about the program? _____

What other sports/physical activities do you participate in? _____

PLEASE CONTACT NORTH JERSEY MASTERS FOR ALL INQUIRIES:
Email c25k@njmasters.com (subject Emails "Beginner Program")

* We recommend that you consult with your primary physician before undertaking any exercise program.

Release

I know that running, training and participating in road races is a potentially hazardous activity and I should not run unless I am medically able. I accept any and all risks related in any way to running and any related activities (the "Activities"). I have no medical condition that may restrict or prohibit my participation in any such activities, including but not limited to: workouts, volunteering, falls, contact with other participants, the effect of weather, including low or high temperatures and/or humidity, the conditions of the track or course, all such risks being assumed and appreciated by me. I agree to be responsible for my own safety while participating in any activities sponsored by the North Jersey Masters Track & Field Club ("NJM").

Having read this release, as a member of NJM for myself, my heirs, executors, administrators and assigns, I hereby expressly release and discharge NJM, the NJM Board, the NJM officers, the NJM Members and Coaches, the Village of Ridgewood and its agencies and departments, USA Track & Field, Road Runners Club of America and their representatives and successors or assignees, from any and all present and future claims and liabilities of any kind, known or unknown, arising out of my participation in the Activities or any other club-related or NJM sponsored activities, except if such claim or liability arises out of the gross negligence or willful misconduct on the part of any of the foregoing persons or entities. In the case of medical emergency, I grant permission to the foregoing persons and agents to seek medical attention for myself (if I am over 18) or for my child, if I, the legal guardian, am absent. I also grant permission to NJM to use any photographs, motion pictures, recordings, or any other record of my participation in workouts, road races or related activities for any legitimate, promotional, non-commercial purpose without remuneration. I acknowledge that I am 18 years of age or older and I have read and understand the contents of this release.

Signature: _____

Date: _____

Parental Consent if applicant is under the age of 18:

Signature: _____

Date: _____