IMPORTANT: CERTIFICATION REGARDING MEDICAL CONDITION (READ & SIGN)

Anyone beginning an exercise program for the first time, or restarting an exercise program after a period of inactivity, must consult a treating doctor before starting the training program and obtain the doctor's consent to your participation in the program. Further, anyone who conforms to any one of the following criteria, history, or symptoms must consult a doctor before training:

- 1. You are over age 50 and not accustomed to vigorous exercise.
- 2. You have a family history of coronary artery disease.
- 3. You have pains or pressure in the left or mid-chest area, neck, shoulder, or arm during or immediately after exercise.
- 4. You sometimes feel faint or have spells of dizziness, or you experience extreme breathlessness after mild exertion.
- 5. Your doctor has said you have heart trouble, that you have a heart murmur, or that you have had a heart attack or other cardiac condition.
- 6. Your doctor has said your blood pressure is too high and is not under control, or you do not know if your blood pressure is normal.
- 7. Your doctor has said you have bone or joint problems.
- 8. You have any medical or other health or physical condition or risk not mentioned above that might need special medical attention or precaution during an exercise program (e.g., insulin-dependent diabetes).

BY MY SIGNATURE I CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I CERTIFY THAT I HAVE DOCTOR'S APPROVAL AND HAVE CONSULTED WITH A TREATING DOCTOR BEFORE BEGINNING THE TRAINING PROGRAM.

SIGNATURE OF APPLICANT	DATE

IF PARTICIPANT IS UNDER AGE 18

I am the parent or legal guardian of the Applicant, a minor, who has signed this form. I have READ, and AGREE to, and CONFIRM the accuracy of, the above Certification Regarding Medical Condition with respect to the minor's medical condition as a condition for participation in the Training Program of the above-signed Applicant. I hereby represent and warrant that I am the Parent or Guardian of the Applicant and have the capacity to sign all of the documents required for acceptance of the minor's application for the Training Program.

PARENT OR GUARDIAN SIGNATURE IF UNDER 18	DATE	

ALL PARTICIPANTS MUST READ & SIGN RELEASE AND WAIVER

RELEASE AND WAIVER

In consideration of Beat Goes On of my application for entry to the Beat Goes On Training Program [Dallas, Fort Worth, Colleyville, Highland Village, Plano, or Allen] (the "Training Program"), and other good and valuable consideration relating to the Training Program, the sufficiency of which I hereby acknowledge, I hereby agree as follows:

- 1. ACKNOWLEDGEMENT: I acknowledge and agree that LUKE'S LOCKER INCORPORATED [Dallas, Fort Worth, Colleyville, Highland Village, Plano, or Allen], its employees, independent contractors, agents, representatives, volunteers and sponsors cannot assure my safety during participation in the Training Program. I acknowledge and agree that participation in the Training Program exposes me to risks including, but not limited to, running-related injury, traffic and the detrimental effects of heat and pollution.
- 2. RELEASE OF CLAIMS: I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNEES HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE AND HOLD HARMLESS LUKE'S (DALLAS, FORT WORTH, COLLEYVILLE, HIGHLAND VILLAGE, PLANO, AND ALLEN), THEIR EMPLOYEES, INDEPENDENT CONTRACTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, SUCCESSORS LUKE'S LOCKER INCORPORATED, GRASSROOTS RUNNING, INC., AND ASSIGNS ("THE PARTIES") OF AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS AND CAUSES OF ACTION WHETHER IN LAW OR EQUITY, IN RESPECT OF DEATH, INJURY, LOSS OR DAMAGE TO MY PERSON OR PROPERTY, HOWSOEVER CAUSED, ARISING OUT OF, BY REASON OF, OR DURING MY ATTENDANCE AT OR PARTICIPATION IN THE TRAINING PROGRAM, WHETHER AS A SPECTATOR, PARTICIPANT OR OTHERWISE (ALL OF THE FOREGOING REFERRED TO HEREAFTER AS THE "CLAIMS), WHETHER OR NOT THE CLAIMS RESULT FROM MY FOLLOWING ANY PROGRAM OF DIET AND/OR EXERCISE ON THE RECOMMENDATION OF ANY OF THE PARTIES, WHETHER SUCH CLAIM ARISES OUT OF EVENTS PRIOR TO, DURING OR SUBSEQUENT TO SAID ATTENDANCE OR PARTICIPATION, EVEN IF SUCH CLAIMS WERE CAUSED BY, CONTRIBUTED TO, OR OCCASIONED BY THE NEGLIGENCE, FAULT OR OTHER CONDUCT OF THE INJECT OF THE INJECT OF THE INJECT OR OTHER CONDUCT
- **3. CONSENT:** I grant full and complete consent to the Training Program to use my name, photographs, videotapes and all other recordings of my participation in this Training Program without obligations, liability, or other consent.
- 4. NON-REFUNDABLE FEES: I HEREBY ACKNOWLEDGE, CONFIRM, AND AGREE THAT ALL FEES PAID BY ME ARE NON-REFUNDABLE UNDER ALL CIRCUMSTANCES AND THAT THE TRAINING PROGRAM INCURS SUBSTANTIAL UP-FRONT DIRECT OUT-OF-POCKET COSTS AND FEES ON MY BEHALF AS A RESULT OF MY ENROLLMENT IN THE TRAINING PROGRAM REGARDLESS OF WHETHER OR NOT I PARTICIPATE IN WHOLE OR IN PART OR NOT AT ALL.

SIGNATURE OF APPLICANT	DATE

IF PARTICIPANT IS UNDER AGE 18

I am the parent or legal guardian of the Applicant, a minor, who has signed this form. I have READ, and AGREE to, and CONFIRM the accuracy of, the above Certification Regarding Medical Condition with respect to the minor's medical condition as a condition for participation in the Training Program of the above-signed Applicant. I hereby represent and warrant that I am the Parent or Guardian of the Applicant and have the capacity to sign all of the documents required for acceptance of the minor's application for the Training Program.

PARENT OR GUARDIAN SIGNATURE IF UNDER 18 DATE





5K | 10K | HALF MARATHON



Starts Saturday, January 11th!

ALLEN | 959 Garden Park Dr | 469-854-6244 | sandyfarrar@lukeslocker.com

COLLEYVILLE | 5505 Colleyville Blvd | 817-849-1562 | paulhudson@lukeslocker.com

DALLAS | 3046 Mockingbird Ln | 214-528-1290 | kerrylittle@lukeslocker.com

FORT WORTH | 2600 West 7th St/817-877-1448 | jennifermassey@lukeslocker.com

HIGHLAND VILLAGE | 1100 Cottonwood Creek | 469-635-2900 | tayloryowell@lukeslocker.com

PLANO | 5717 Legacy Rd | 972-398-8660 | orlandodimas@lukeslocker.com

WWW.LUKESLOCKER.COM/BG02014

SELECT A TRAINING "BEAT" PROGRAM FOR YOU!

Allen, Colleyville, Dallas, Fort Worth, Highland Village & Plano Dallas & Plano For walkers of all levels training for 5K or Half Marathon distances.

Designed to help safely transition from walking or running 2-3 times a week to running consistently and completing a 5K.

Allen, Colleyville, Dallas, Fort Worth, Highland Village & Plano Focuses on improving runners current 5K and 10K performances.

Allen, Collevville, Dallas, Fort Worth, Highland Village & Plano (both walking & running options)

Designed to help those training for the Rock 'n' Roll Half Marathon on March 23.

Interested? Learn more...

INFORMATION SESSIONS

Allen, Colleyville, Dallas, Fort Worth, Highland Village & Plano Thursday, December 19, 2013 at 7pm Tuesday, January 7, 2014 at 7pm



2013 BGO kickoff race in Fort Worth at River Ranch (Stockyards).

BENEFITS

Saturday morning group training sessions with trained coaches Weekly training schedules, weekday group workouts & cross training options BGO kickoff race & breakfast in Fort Worth: Saturday, January 25, 2014

Benchmark races (race fees maybe discounted but not included)

Special shopping discount at Luke's Locker

Various clinics: Nutrition, Injury Prevention, Running Form, etc.,

Nike tech program shirt



BGO base training phase.



BGO speed training phase.

Starts Saturday, January 11th!

PROGRAM REGISTRATION / FEES

PROGRAM LOCATION: (Check	cone) □ ALLEN □COL	LEYVILLE □ DALLAS [□FORT WORTH	□HIGHLAND VILLAGE	□PLAN0
PLEASE SELECT YOUR LEVEL QUICK BEAT (ALL LEVELS OF UP BEAT (BEGINNER RUNNE MY BEAT - 5K (ALL LEVELS OF MY BEAT - HALF (ALL LEVELS OF) HALF BEAT (HALF MARATHO	RUNNERS) RETURNI RRS) EARLY RI DF WALKERS) REGISTR S OF WALKERS)	I M FEES: ING BGO / FIT PARTICIPANT EGISTRATION \$165 <i>througl</i> ATION FEE \$180 after <i>Jan</i> .	h Jan. 9, 2014	Dec. 31, 2013	
LAST NAME FIRST NAME				M.I.	
STREET ADDRESS	CITY	STATE	ZIP (CODE	
PHONE	EMAIL AD	DRESS			
GENDER: □FEMALE □	NALE SHIRT SIZE:	□ SM □ MED □ LG □	XL 🗆 XXL* (*Me	en's Only)	
ARE YOU A FIRST TIME PAR					
IF YES, WHO REFERRED YOU					
IF RETURNING PARTICIPAN	T, HOW MANY YEARS?				
PAYMENT OPTIONS: Please ☐ CHECK # Al		uke's Locker			
☐ CASH / AMOUNT:					
ONLINE REGISTRATION WWW.LUKESLOCKER.COM/I *NO ADDITIONAL CHARGE **CREDIT CARD PAYMENT ACC					

JUST STARTING OUT...

Try our 9405 Training Program!

9to5 is a multi-level program designed for the beginner walker/runner who wants to begin or maintain a consistent fitness program.

> **UPCOMING 9to5 SESSIONS:** January 11 – March 8 March 15 – May 10

Information Sessions:

Thursday, December 19, 2013 at 6:30pm & Tuesday, January 7, 2014 at 6:30pm



