

luke's fit 2010

CHANGE YOUR LIFE!

marathon - half marathon

**Run, Walk or Learn How
just get fit by joining our
"Get Moving Program"**



DALLAS FIT

COLLEYVILLE FIT

FORT WORTH FIT

PLANO FIT

ALLEN FIT

Join a Luke's Fit group!
"Why Not You!"



MEMBERSHIP BENEFITS

- 6-month training for the half marathon and full marathon and people who desire to improve their current fitness level
- Pace groups for walkers and runners of all levels
- Structure, instruction, and discipline to make distance running, walking or regular exercise part of YOUR lifestyle
- Practical information regarding: Sports Nutrition, Hydration, Apparel & Footwear, Injury Prevention, X-training activities and Race Preparation
- Proven, realistic, challenging, socially interactive & fun
- Training levels and groups for beginners to experienced marathoners
- Asics technical training shirt
- Inspirational, motivational coaching
- Weekly training schedules
- Weekly group workouts with other motivated runners & walkers
- Footwear and apparel discounts
- Special shopping nights at Luke's stores
- Tour des Fleurs entry
- Celebration Party
- Advanced Training Program ("ATP") intensive marathon training for experienced marathon runners - ("ATP") optional; additional charge of \$35.00



All orientation programs
take place at 7:00 p.m. at
our stores.



ORIENTATIONS

EARLY MARATHON PROGRAM

- | | |
|---------------------|--------------------|
| DALLAS | COLLEYVILLE |
| • Tuesday, May 4 | • Thursday, May 6 |
| • Wednesday, May 12 | |

- | | |
|-------------------|------------------|
| FORT WORTH | PLANO |
| • Thursday, May 6 | • Tuesday, May 4 |

*Early Marathon training begins
Saturday, May 15, 2010*



DALLAS PROGRAM

- | | |
|---------------------|--------------------|
| DALLAS | COLLEYVILLE |
| • Tuesday, June 1 | • Thursday, June 3 |
| • Monday, June 7 | • Tuesday, June 8 |
| • Thursday, June 10 | |

- | | |
|--------------------|-------------------|
| FORT WORTH | PLANO |
| • Tuesday, June 1 | • Tuesday, June 1 |
| • Thursday, June 3 | • Monday, June 7 |

- | |
|-------------------|
| ALLEN |
| • Tuesday, June 1 |
| • Monday, June 7 |

*Dallas training begins
Saturday, June 12, 2010*

GO TO WWW.LUKESLOCKER.COM/LUKESFIT2010 FOR ONLINE REGISTRATION

2010 LUKE'S FIT REGISTRATION (also complete and sign reverse)

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

EMAIL ADDRESS _____

GENDER: MALE FEMALE SHIRT SIZE: SM MED LG XL XXL

DALLAS FIT COLLEYVILLE FIT FORT WORTH FIT PLANO FIT ALLEN FIT

CHECK IF PRIOR FIT PARTICIPANT I PLAN TO RUN: _____

EARLY MARATHON PROGRAM*
*(Starts May 15, 2010)

WHITE ROCK MARATHON PROGRAM** HALF MARATHON** GET WITH IT** WALKING**
** (Starts June 12, 2010) (Intro to running)

ATP - MUST HAVE RUN AT LEAST ONE MARATHON

1ST TIME MARATHONER OR HALF MARATHONER COMPLETED ONE OR MORE MARATHONS AND/OR HALF MARATHONS

FITNESS WALKER (MINIMUM 16 MIN./MILE PACE) ENTRY LEVEL RUNNER/WALKER

WALKING**
 FULL
 HALF
 ENTRY LEVEL

CURRENT ESTIMATED PACE/MILE: _____

PREVIOUS BEST MARATHON OR HALF TIME _____ WHEN? WHERE? _____

*** PAPERWORK/PAYMENT MUST BE COMPLETED PRIOR TO PARTICIPATION***

FEES

FEES ARE NON-REFUNDABLE

Returning Members:

- \$185 by June 10
- \$195 June 11 & later

New Members:

- \$195 by June 10
- \$210 June 11 & later

ATP: Open to both Early and Dallas Marathon participants

- \$35.00

*Early Marathon Participants:
LATE FEE APPLIES STARTING MAY 14, 2010

NEW!
ONLINE REGISTRATION
NO ADDITIONAL CHARGE
CREDIT CARD PAYMENT
ACCEPTED ONLY ONLINE

GO TO
WWW.LUKESLOCKER.COM/
LUKESFIT2010
FOR ONLINE REGISTRATION



IMPORTANT: ALL PARTICIPANTS MUST READ & SIGN CERTIFICATION REGARDING MEDICAL CONDITION

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 treating doctor before commencing 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 advised you that 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 advised you that 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 advised 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 or limitation in any respect 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 the acceptance by USA FIT and LUKE'S FIT of my application for entry to the Marathon Training Program of USA FIT and LUKE'S FIT (Dallas Fit, Fort Worth Fit, Colleyville Fit, Plano Fit or Allen Fit) (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. **Acknowledgment.** I acknowledge and agree that USA FIT and LUKE'S FIT (Dallas Fit, Fort Worth Fit, Colleyville Fit, Plano Fit or Allen Fit), 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, vehicular and bicycle 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 USA FIT, LUKE'S FIT (DALLAS, FORT WORTH, COLLEYVILLE, PLANO FIT OR ALLEN FIT), THEIR EMPLOYEES, INDEPENDENT CONTRACTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, LUKE'S LOCKER INCORPORATED, GRASSROOTS RUNNING, INC., SUCCESSORS AND ASSIGNS ("THE USA FIT 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 HEREFTER 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 USA FIT 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 USA FIT PARTIES.
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 the RELEASE AND WAIVER. I have read the RELEASE AND WAIVER and hereby agree and consent to all the terms and conditions thereof including the RELEASE OF CLAIMS. I hereby further certify, acknowledge and agree that, in conjunction with the Training Program, I will directly supervise the Applicant during his or her participation in the Training Program.

PARENT OR GUARDIAN SIGNATURE IF UNDER 18 _____ DATE _____