



**Spring 2010 – 7-week special
Half Marathon Training Program**

This program starts Tuesday, March 16th and is a special 7-week program that targets May 2, 2010 Half Marathons: Eugene Half Marathon (Eugene, OR), Avenue of the Giants (Humboldt, CA), Parkway Half Marathon (Sacramento). The program is intended for people who are capable of running 9 miles and are running at least 23 miles a week. These prerequisites ensure that you will not become frustrated as the mileage increases or place undue stress on your body, which can lead to injury.

In order for us to ensure the program is suited to you, it is necessary to evaluate some of your health and lifestyle history and practices as well as your present state of fitness. The information gathered will be used only in making recommendations for your program. Your individual data will be kept confidential

Name: _____ Date: _____

Age: _____ Gender: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency contact: _____ Emergency phone: _____

Medications (please list anything that can affect your running performance): _____

Health Risks related to Endurance Training (ie: family history, chronic disease, etc.) _____

Recent running injuries including date

Describe any previous problems with racing or training: _____

How long have you been running? _____

Racing Experience

NONE _____ Beginner _____ Experienced _____

Have you run a half marathon before? Yes No

If yes, when and what was your time? _____

Recent racing history (list all races completed in the last 6 months)

Distance Pace or Time Date

Personal bests (list your best performances ever in each distance run)

Distance Pace or Time Date

Running interests

_____ Fitness and fun
_____ Recreational or Social Racing
_____ Racing for Improved Performance
_____ Racing for age group or other awards

What is your purpose in participating in this training program? _____

Are you planning on participating one of the target events? Yes No

If yes, what is your target time? _____ Target Event? _____

Describe your most recent 4-5 weeks of training in detail (next page). List the miles or time spent running, your pace or heart rate, the surface or terrain (track, road, bike path, trails, levee, etc.) and any supplemental or additional training (weights, stretching, cycling, swimming, aerobics, etc.).

Example: 4 mi @ 8:30 pace
Upper park fire road
Stretching
20 min weight training

Start your summaries on the next page. If you've been enrolled in the Winter Half Marathon Program, just indicate that on the form.

Sun Mon Tue Wed Thu Fri Sat
Last week

2

3

4

5

Additional comments or concerns: _____

Waiver: In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims, and causes of action that I have or may have against Fleet Feet Chico and its affiliates, their agents, officers, directors, successors and assigns, Fleet Feet Chico, LLC DBA Fleet Feet Chico, Fleet Feet Flyers, City of Chico, County of Butte, State of California and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Half Marathon Training Program and any pre- and post-race activities. I attest and verify that I am physically fit and have sufficient training for completion of this program and a licensed doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs or event records for any legitimate purpose, including commercial advertising without any payment to me. For more information, call Fleet Feet Chico at (530) 345-1000. (This information is protected by the Privacy Act.)

Signature: _____

(Note: You must be over the age of 18 to participate.)