



Complete and Mail to:
 Keltner
 1215 N Lightburne Road
 Liberty MO 64068

Runners In Touch
 RIT Endurance Team Registration

 Last Name First Name MI E-mail Address (required)

 Address City State Zip Code

 Telephone Number Emergency Contact Full Name and Number

I understand the fee for the **RIT Endurance Team** is \$25/month, per person (\$40/month married couples), \$125 for six (6) months or \$250 for twelve (12) months. I understand I may pay for months in advance but cannot participate until said fee is paid in full by the days indicated (below).

Signature Indicating I Accept These Terms and Conditions

Payment Enclosed ___ Cash ___ Check/Money Order (made payable to Karl W. Keltner)

Day of Month Start ___ *1st ___ **15th Month _____ Year _____

Membership Type (check one)

___ One Month (\$25/individual) or \$40/couple ___ Six (6) Months at \$125/person
 ___ Twelve (12) Months at \$250/person

*Membership starts the first day of the month in which member pays and ends the last day of the month.
 **Membership starts the 15th of the paid month and ends the 14th of the following month.

Please let us know how you heard about RIT Endurance Team: _____

Help us to serve you better by telling us about your previous walking/running experience (none required—all abilities are welcome):

Number Completed: ___ marathon(s) ___ half marathon ___ 10K or shorter distances

Name and Date of Last Event: _____ (month/year)

Longest distance I have completed in the last four (4) weeks: _____ miles

Medical condition(s) or other information we may need to best serve you: _____





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VOLUNTARY RELEASE OF LIABILITY

I, _____, intending to be legally bound, understand and agree that I am participating in this running group entitled **Runners In Touch Endurance Team** of my own free will and volition. I acknowledge that I am participating in this training group at my own request and at my own risk. I acknowledge that I am aware of all of the risks inherent in this training group and certify that I am physically fit, have not been otherwise informed by any physician, and know of no restrictions imposed on me by any physician that would in any way prevent me from actively participating in this organization.

In consideration of my voluntary participation in this training group, I, on behalf of myself, my successors in interest, heirs, assigns, and representatives, hereby fully release and agree to hold harmless the following: Karl W. Keltner; Paula J Keltner; Athlon Endurance Training, and any of its officers, trustees, agents, employees, representatives, successors, and entities (be they individuals or organizations, singly and collectively); Runners In Touch, and any of its officers, trustees, agents, employees, representatives, successors, and entities; together with, for each and all listed above, their insurers, of and from any and all liability, claims, damages, or causes of action for any reason including, without limiting the generality of the following: death, bodily injury, property damage, or any other loss or inconvenience whatsoever, suffered by me at anytime hereafter occurring as a result of my voluntary participation in this training group.

I hereby give permission for the free use of my name, picture, voice, and video image in any broadcast, telecast, print account, or any other media account of this running event.

Date

Participant Printed Name

Participant Signature

