



WINTER RUNNING CLINIC

Four-week program | THURSDAYS 5:30PM-6:30PM
November 2nd-November 30th

Please print clearly

Name _____ Member # _____ Nonmember

Age _____ Grade _____ (ages 9-13)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Member Rate

4 weeks: \$80

Drop in: \$25

Nonmember Rate

4 weeks: \$120

Drop in: \$35

I hereby authorize Great Lakes Athletic Club to charge my membership account for GLAC's Winter Running Clinic a fee of _____.

Payment Options

Credit Card _____

Cash

Expiration _____ CVC _____

Check # _____

There is an inherent risk of injury in the use of or presence in Great Lakes Athletic Club, the use of its equipment, services, and participation in its programs. Whether such participation occurs at the facility or in supervised or unsupervised activities sponsored or endorsed by GLAC at a specified or unspecified location. I understand and fully accept this risk for myself and shall hold this club, its shareholders, directors, officers, employers, representatives and agents harmless from any loss, claim, injury, damage or liability sustained or incurred by me resulting from there from. In the event of an emergency, I give my permission to GLAC to secure all necessary and required medical treatment for myself or the named participant on this document and/or any accompanying or attached documents. Refunds will not be issued for cancellations initiated by the participants in any GLAC sponsored programs, service, or sponsored or non-sponsored event.

Signature _____ Date _____

I hereby authorize and release with permission, specific photo(s) for use by GLAC.