



RUNNING ZONE FOUNDATION
TRAINING PROGRAM



MOMS CRUSHING GOALS TOGETHER

5K TRAINING PROGRAM

8-Weeks
September 1 - October 20, 2018

Entry Fee: \$85

10% discount for Gecko Club Members
(race registration fee not included)

MEET YOUR COACHES!

Valerie Young,
RRCA Running Coach

Aaron Young,
Athletic Trainer

Contact us anytime!

585-507-5984
easyfeatcoach@gmail.com
runningzone.com

WEEKLY COACHED WORKOUTS:

Saturdays 8:00 a.m. at Oars & Paddles Park (Tropical Trail)

IMPORTANT DATES:

8/30: Program Kick-off & Fun Run - Thursday @ 5:30 p.m., Running Zone

9/1: First Training Run - Saturday @ 8:00 a.m., Oars & Paddles Park

9/12: Shoe Clinic/Sports Bra Fitting - Tuesday @ 6:00 p.m., Running Zone

10/27: Goal Race - Ghostly Gecko 5K, Saturday @ 6:30 p.m., Eau Gallie Civic Center

PROGRAM OFFERING:

- Two dedicated coaches
- Individually customized 8-week training plan
- One weekly coached running workout on Saturdays at 8:00 a.m.
- 5 optional mid-week group runs, fluids provided
- Injury prevention, running form, hydration tips, shoe clinic
- Technical training shirt & goody bag from Brooks Running
- 10% discount at Running Zone during program
- Discounted race entry for goal race, Ghostly Gecko 5K

For more training information: runningzone.com/training-programs or easyfeatcoach@gmail.com



EASY FEAT MOMS SEPTEMBER 1, 2018 - OCTOBER 20, 2018 TRAINING PROGRAM ENTRY FORM



First & Last Name _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Gender: Male or Female

Date of Birth ____/____/____ Age _____ Shirt Size (gender specific) Women: S M L XL XXL Men: S M L XL XXL

Emergency Contact Name _____ Emergency Contact Phone _____

Gecko Club Member ☐ Yes ☐ No

Incomplete or unsigned entry forms will not be accepted. In consideration of my entry being accepted, I intend to be legally bound, and hereby for myself, my heirs, and executors, waive all rights and claims for damages which may hereafter accrue to me against the sponsors, officials, volunteers, and supporters of this training program and any representatives, successors, or assigns for any and all damages or injuries which may be sustained and suffered by me in consideration of my association with an entry or participation in the Running Zone Foundation Training Program. If I should suffer injury or illness, I authorize the officials of the training program to use their discretion to have me transported to a medical facility, and I take full financial and legal responsibility for this action. I attest and verify that I am physically fit and have my physician's permission to participate in this camp. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, email or any other record of this camp for any purpose of the camp whatsoever. I have read the above release and understand that it presents a risk of physical injury, knowing this I am entering this camp at my own risk.

Signature _____

Date _____