



RUNNING ZONE FOUNDATION
TRAINING PROGRAM



5K TRAINING PROGRAM FOR BEGINNERS

Family-friendly running and walking program, strollers welcome

8-Weeks: February 23 - April 13, 2019

Weekly coached sessions at 7:00 a.m. on Saturdays

Entry Fee: \$90

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

Goal Race: Corporate 5K

MEET YOUR COACH!

Valerie Young,
RRCA Running Coach



easyfeatcoach@gmail.com
runningzone.com/training-programs

WEEKLY COACHED WORKOUTS:

Saturdays 7:00 a.m. at Oars & Paddles Park (Tropical Trail)

IMPORTANT DATES:

2/19: Program Kick-off Event - Tuesday @ 5:30 p.m., Running Zone

2/23: First Training Run - Saturday @ 7:00 a.m., Oars & Paddles Park

2/26: Shoe Clinic/Sports Bra Fitting - Tuesday @ 5:30 p.m., Running Zone

4/18: Goal Race - Corporate 5K, Thursday @ 6:30 p.m., Orlando-Melbourne International Airport

PROGRAM OFFERING:

- Individually customized 8-week training plan
- One weekly coached running workout on Saturdays at 7:00 a.m.
- 5 optional mid-week group runs, fluids provided
- Injury prevention, running form, hydration tips, shoe clinic
- Technical training shirt & goodie bag from Brooks Running
- 10% discount at Running Zone during program
- Discounted race entry for goal race, Corporate 5K

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



EASY FEAT
FEBRUARY 23, 2019 – APRIL 13, 2019
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 _____