



## Spring 2010 Half Marathon Training Group

---

Take your first step towards your New Year's resolution by joining our training group for the Escape From Prison Hill Half Marathon. This program is for runners wanting to pursue their physical fitness goals with the assistance and guidance of sports medicine, nutrition, and running retail professionals.

---

### Program Details

Enrollment for each runner will include:

- 10-12 weeks of personalized training with two group runs each week
- A biomechanical running evaluation by Ascent Physical Therapy including a home exercise program to address any deficit found on examination
- Nutrition seminar and consultation from a certified dietician
- Entry into the Escape From Prison Hill Half Marathon
- Entry into both Ascent Physical Therapy Winter Trail Series events
- Shoe evaluation and recommendations throughout the program with a free pair of technical socks
- Custom printed training group technical shirt

---

Enrollment for this session will be \$350 payable to Ascent Physical Therapy

**For more information contact:**

Ascent Physical Therapy

775-885-9965

[tomleewion@hotmail.com](mailto:tomleewion@hotmail.com)



# Escape From Prison Hill 1/2 Marathon Training Group February 6th – April 24<sup>th</sup>

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

E-mail \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Shirt Size: XS SM MD LG XL XXL

The \$350 10-12 week training program cost covers race registration fees. Race entry forms must be given to the instructor by April 3, 2010. **Group correspondence will occur via email.** Training takes place rain or shine.

## CONSENT & RELEASE

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 I have or may have against Ascent Physical Therapy and its affiliates, their agents, employees, officers, directors, volunteers, successors and assigns, Ascent Physical Therapy, and any and all sponsors, their representatives and successors, that may arise as a result of my participation in the Ascent Physical Therapy Training Program(s) and any pre- and post-race activities. I attest and verify that I am physically fit and have sufficiently trained for the completion of this training program and a licensed medical doctor has verified my physical condition. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me. For more information call Ascent Physical Therapy at (775) 885-9965. (This information is protected by the Privacy Act).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian (if under 18) \_\_\_\_\_ Date \_\_\_\_\_

APT Paid by: Cash CC Ck on \_\_\_\_\_