



- 14 week training program for Walkers or Runners
- Cost is \$40 and includes t-shirt, training manual, access to training blogs and support from other half marathon walkers and runners. All proceeds will benefit the MedAssist Program.
- Carrie Kimber, CPT, USAT Triathlon Coach, Certified Personal Trainer from Quincy Medical Group, will lead the training program and keep you motivated!
- **First Meeting: 9:00am January 23, 2010** in Quincy Medical Group's Sports Medicine Department (First Floor, 1118 Hampshire St.)



For more information call  
**217-228-2323**

**Deadline for Registration, December 30**

# Maximum Athletics Half Marathon Training Program

Half Marathon (Running)     Half Marathon (Walking)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

Please include this form and your \$40 registration fee (make checks payable to Quincy Medical Group). You may drop off the form at Quincy Medical Group's Sports Medicine Department (1118 Hampshire street, first floor) or mail the registration to:  
**Carrie Kimber, Quincy Medical Group, 1025 Maine Street, Quincy, IL 62301**

For consideration of my participation in the program, I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in this program. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have elected to participate in the activity without approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

I, personally and on behalf of my heirs, executors or estate, hereby waive any and all claims I may have arising out of my participation in the program and shall hold harmless Quincy Medical Group and Quincy Catholic Charities and their entities from any such claims arising out of my participation in any of the QMG Maximum Athletics Programs. I understand that I will be responsible for any and all costs associated with medical treatment of an injury sustained while participating in these programs.

I consent to having my photograph/video image taken by Quincy Medical Group, for the sole use of Quincy Medical Group. I understand that my likeness may be used in any and all advertising, promotion, or internal usage by Quincy Medical Group. My image will not be used in any illegal manner, and will be destroyed upon cancellation of this contract. I grant the use of my image to Quincy Medical Group and all of its associated vendors and contractors.

Participant Signature (If participant is under 18, parent or legal guardian, indicate relationship) \_\_\_\_\_ Date \_\_\_\_\_