

TRI ON THE RUN FITNESS CENTER

TRAINING PROGRAMS:

- Sprint Triathlon Training
- Olympic Triathlon Training
- 1/2 Ironman Triathlon Training
- Ironman Triathlon Training



CERTIFIED COACH

QUESTIONS? To learn more, visit us at www.totrfitness.com or please contact us at 713.868.2188 or e-mail at: info@totrfitness.com

Register online at www.totrfitness.com

TRAINING: GROUP TRIATHLON TRAINING PROGRAM

PROGRAM BEGIN DATE: JANUARY 5, 2010

16 WEEKS PROGRAM

TARGET RACE: LONESTAR TRIATHLON FESTIVAL

TRI ON THE RUN GROUP TRAINING PROGRAM

16 week training program

Wednesday or Thursday Core & Spin Class at Fitness Center

Saturday Swim group workout. Saturday Group Run

Sunday group Bike ride

Seminars: Nutrition, Bike Mechanic, Transition

16 week training Schedule emailed to trainee

Unlimited communication by email or phone

10% discount at Tri On The Run

10% discount at On The Run

15% discount on all Fitness Center Services

(includes VO2 Testing, RMR Testing, Nutritional Analysis, Gait Analysis or Bike Fitting)

Training Program T-shirt

Training Mesh Bag

LONESTAR TRIATHLON FESTIVAL

Sprint Triathlon Coaching Program

.3mileSwim/12.5mBike/3.1mRun (APR. 24, 2010)

Olympic Distance Triathlon Coaching Program

1500meterSwim/24.8mBike/6.2mRun (APR. 24, 2010)

(70.3)1/2 Ironman Distance Coaching Program

1.2mileSwim/56mBike/13.1mRun (APR. 25, 2010)

Register online at <http://www.totrfitness.com>

To learn more visit us at www.totrfitness.com

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SIGN UP FORM

REGISTRATION INFORMATION

Last Name: _____ First Name _____ M.I. _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: () _____

E-mail: _____ Age as of 4/24/10: _____ Male: _____ Female: _____ T-Shirt size: S M L XL

Have you ever complete a triathlon? _____

What distance triathlon program are you interested in? _____

WAIVER/RELEASE: I know that participating in a triathlon training program, either as an individual or team member is a potentially hazardous activity. I further understand that I should not enter the aforementioned activity unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risk associated with participation in this event including but not limited to falls, contact with other participants, the effects of the weather, including but not limited to heat and or high humidity, and cold temperatures, conditions of the road, traffic, contact with non-participants, all such risk being known and the conditions by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry. I for myself, my heirs and anyone entitled to act on my behalf, waive and release Paws for Cause and the race organizers, and all other sponsors, invitees, participants, vendors, from all claims or liabilities of any kind arising out of my participation in this event. I also grant permission to any interested party to use my photograph, motion picture, recording, or any other record of this event for any legitimate purpose.

SIGNATURE: _____ DATE: _____ SIGNATURE OF PARENT or GUARDIAN (if under 18) _____