 *Flying Feet Running Program – 2019 summer-fall* 

23-week running program from late June thru November

[*www.flyingfeetrunning.com*](http://www.flyingfeetrunning.com) */ dpgflyingfeet@gmail.com*

***Program Summary –*** Flying Feet, coordinated by coach Dave Griffin, is a running program for runners of all paces and experience levels. Griffin has over 40 years of running experience and over 15 years of experience coaching runners. Flying Feet has two primary areas of focus:

* Bring the training principles used by elite runners to the local running community. Though some modification is needed for most runners, the principles of running success are universal, and non-elite runners can gain significant benefits by using them.
* Teach how running experiences can help a person live life more fully.

***Training Plans –*** Training plans will be provided for race distances ranging from the 5K to the Marathon. The plans will be provided with detailed instructions so that participants can use the plans effectively. Each plan will be designed to offer flexibility, so that they can be used by the diverse group of runners that participate in Flying Feet.

***Coached Workouts –*** Weekly coached workouts will be offered. Each workout will be planned so that, over the course of the season, runners receive the training benefits required to prepare for target races. In addition to the workout itself, instruction will be provided to help runners learn the fundamental concepts of training. These weekly sessions will alternate between Tuesday evenings at 6:30 and Saturday mornings at 7:00 in Westminster, MD. A complete schedule of coached workouts will be provided at the start of the season.

***Flying Feet Handicap Race Series –*** The summer/fall season will include three races for participants of this program at no additional cost. These races will be designed to assist with training goals, while helping participants practice the race tactics taught in training. We will use a handicap start, meaning slower runners will be given a head start over faster ones. In this way, every runner has a chance to cross the finish line first. A team structure will be offered for those who wish to participate. Top finishers and teams in each race will receive awards.

***Registration fees, deadlines, and participation limits –*** The fee for this program is $150 if registered prior to June 22, 2018. The fee will increase to $160 after this date. There is a 75-runner participation limit. If the participation limit is not reached, registration will close on Saturday, July 13.

***Flying Feet Performance –*** The Flying Feet Performance Program is available to a limited number of individuals. This is an individualized program and includes coached small group workouts. *If interested, please email Dave Griffin at* [*dpgflyingfeet@gmail.com*](mailto:dpgflyingfeet@gmail.com) *to determine if space is available.*

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Send form and registration fee (noted above) payable to Flying Feet and mail to –

Flying Feet, c/o Dave Griffin, 811 Kent Terrace, Westminster, MD 21157

***Name*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Gender***\_\_\_\_\_\_\_\_\_***Age*** \_\_\_\_\_\_\_\_\_\_\_

***Phone Number*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***Email*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Unisex Shirt Size*** XS S M L XL XXL ***Target Race Name and Date*** (in known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Emergency contact name and phone #***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Read Carefully -** In consideration of your acceptance of my application for participation in the Flying Feet Running Programs, I hereby, for my heirs, my executors, administrators and assignees, and myself waive, release and forever discharge Flying Feet Running Programs, LLC, and all coaches, volunteers and sponsors of all claims, damages, demands, and actions whatsoever in any manner arising out of my, or my child’s, participation in this program.

Participant Signature (parent if under 18) Date