



COUCH TO 5K

Hosted by:

**Registration Form
FREE PROGRAM**



FISHER | TITUS



It's time to "Get off the Couch and Get into Exercise." We can help with a FREE 9-week training plan from Zen Labs c25k.com to prepare you for your first 5K run/walk or to get you back into a healthy routine. We believe we can help you achieve this goal by providing the necessary tools to get you started and help you on your path to a NEW - healthier lifestyle! We will meet at various locations throughout Norwalk once a week on Tuesdays. Training will consist of three workouts per week, with one scheduled as a group meet-up. Topics will be discussed prior to each "meet-up" workout relating to exercise, nutrition and staying motivated.

- Open Registration:** Now Through October 3, 2019
- Informational Meeting:** Thursday, October 3, @ 6 p.m.
Ernsthausen Community Center, Community Room
- Program Dates:** October 8 - December 3
- Meet-Ups:** Tuesdays from 6 - 7 p.m.
- Final Race:** Jingle Bell Run, Fremont, Ohio

Prizes will be provided depending on the number of meet-ups you attend and completion of the Jingle Bell Run on December 7, 2019. To be eligible for prizes, you must register for the Couch to 5K program at the Ernsthausen Community Center, 100 Republic Street, Norwalk by October 3, or at the informational meeting. Details will be provided regarding the program, along with a schedule for all meet-ups at the informational meeting on Thursday, October 3 at 6 p.m. Pre and post program evaluations will be conducted for effectiveness of the program. For more information, contact Niki Cross, Recreation Director/program leader at 419-663-6775, ext. 1026, or ncross@norwalkoh.com.

Name _____ Gender _____ Age _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I agree that I will not hold the Norwalk Parks & Recreation Department, City of Norwalk, Fisher-Titus Health, or any other organizing parties liable for any injuries incurred during the Couch to 5K program. I assume all responsibility as a result of being permitted to participate in this event. Be sure to check with your Primary Care Physician before beginning any exercise program.

Signature _____ Date _____

(parent/legal guardian if under the age of 18)