



Couch to 5K!

Yes even **YOU** can go from the couch to running 3 miles!

*Too many people have been turned off running simply by trying to start off too fast, their body's rebel and they wind up feeling miserable, wondering why anyone would possibly want to do this to themselves. You should ease into your running program gradually. In fact, the beginners' program we will do is less of a running regimen than a walking and jogging program. The idea is to transform you from couch potato to runner, getting you running three miles (5K) on a regular basis in just **two months!***

Each session should take about 20-30 minutes, three times a week. That just happens to be the same amount of moderate exercise recommended by numerous studies for optimum fitness. This program will get you fit.

Schedule will start on **Monday, March 26th at 6:00PM** Thorpe School Fields walking track. The program will take place on Monday and Wednesday evenings at 6:00, with the third day on your own. Ideally you will find a smaller group within the group and set up a time on Friday or Saturday to get together and do the routine. We will start promptly at 6:00, the work out is all timed, so it is important to be on time! If you can't make one day during the week you can always do the work out on your own. The program changes by week, so you can just do the same on your own. The group workouts tend to be more successful, but there is room to do it on your own if it doesn't always fit your schedule.



If you have any questions please email Cheryl Marshall at cmarshall@mail.danvers-ma.org. You must preregister for this program.

Cost of this program is **\$29**.

Danvers Recreation Town Hall 1 Sylvan St. Danvers Couch to 5K Spring 2012 Program# 165302-33

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Emergency Phone/Contact: _____

Email Address: _____

I hold harmless the Town of Danvers, its employees, volunteers, or its agents from any and all injuries that might be sustained by the participant during the program. In the event of injury, I grant permission to provide/acquire medical care or assistance. In addition, I give permission for any photographs taken of my child to be used for publicity purposes.

Signature: _____ Date: _____

CHECK# _____ VISA/MC _____ EXP. _____ Amt. _____