



# *Learn to Run, Walk, Run Easy and Run Faster!!*

## *2016 Tuesday Evening Clinics*

### **Personal Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Gender: Male / Female Birth date: \_\_\_\_\_

### **Tell Us About Yourself:**

What are your goals for this clinic?

Are you **currently** running (yes/no) or walking (yes/no)?

Do you have a 'running history'? Tell us about it!

What other physical activities do you participate in now?

Please circle your **current** physical ability level **for this program:**

Beginner                  Novice                          Intermediate                  Advanced

### **Please read waiver & sign**

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current medical problems: \_\_\_\_\_

Medications taken: \_\_\_\_\_

**Waiver of Liability:** In consideration of joining your clinic, I the undersigned, intend to be legally bound, hereby, for myself, my family, my heirs, executors and administrators, forever waive, release and discharge any and all rights and claims for damages and cause of suit or action, that I may at any time have against Peninsula Runners Surrey Ltd., all Peninsula Runners leaders, staff, volunteers and sponsors of the workshop, for any and all injuries suffered by me as a result of participating in this workshop & clinic.

*\*Sorry! Clinic fees are non refundable and non transferable.*

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_