

# Marathon and Half Spring 2019

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

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Shirt Size: XS, S, M, L, XL

## Running History

Have you ever run a half of full marathon before?

How many kilometers and times do you currently run per week (last 6 month average)?

<u>History at:</u>	<u>Number run?</u>	<u>Best time (when &amp; where)?</u>
10 km		
Half Marathon		
Marathon		

Clinic Goal:

Clinic Expectations:

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 Langley 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: \_\_\_\_\_

Cost is \$100 by Dec 31, 2018 or \$120 after (5% GST included).

Amount Paid \$ \_\_\_\_\_ Date Paid \_\_\_\_\_