



LEARN TO RUN CLUB

PERSONAL INFORMATION: (Please Print Neatly)

Name: _____

Phone Number: H: _____ C: _____

Email Address: _____

Gender: **Male** **Female** Birth date: _ _ _ _ - _ _ - _ _

Emergency Contact Name: _____ Phone: _____

Medical Conditions/Allergies/Medications: _____

TELL US ABOUT YOURSELF:

What are your goals for this clinic? _____

Are you currently Running: **YES NO** or Walking: **YES NO**

What Is your running history? _____

Please circle your current level for this program:

LEARN TO RUN

RUN EASY

RUN STRONGER

VIRTUAL

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, dba PenRun, all 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: _____

Store Use Only:

PROGRAM/LEVEL: _____

DATE: _____

STAFF: _____