



Walk, Learn to Run, Run Easy & Run Faster January 2017

Personal Information:

Name (Last, First):

Phone Number:

Email Address:

Gender: (Male / Female)

Birth date (optional yyyy/mm/dd):

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**

Emergency Contact Name & Phone:

Allergies:

Current medical conditions:

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:

One-time 20% off shoe purchase (regular stock only), valid for this clinic period, purchase available for participant noted above, only.

Office Use Only:

Date:

Shoe:

Sales Person:

Participant Initial or (SHOP NIGHT):
