



## *Learn to Run (001, 101) & Running 201!*

### *2019 Wednesday Evening Clinics*

#### **Personal Information**

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

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

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

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

*Shirt Size: small, medium, large, extra large*

*COST \$70* \_\_\_\_\_ *Paid by:* \_\_\_\_\_

#### **Running (or Walking) History**

*Are you currently running/walking or have you previously?*

*What other physical activities do you participate in?*

*What are your goals for this clinic?*

*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 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 of \$70*** \_\_\_\_\_ ***Paid by:*** \_\_\_\_\_