

# *Learn to Run & Running 201!*

## *Wednesday Evening Clinics*

### **Personal Information**

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

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

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

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

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

### **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:*** \_\_\_\_\_