



Wednesday Learn to Run and Run Faster Clinic

Personal Information

Name: _____

Street: _____

City: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Gender: Male / Female Birth date: _____

Running (or Walking) History:

Are you currently running or have you previously?

What other physical activities do you participate in?

Please circle your current fitness/physical ability level:

Beginner Novice Intermediate Advanced

Clinic Goal:

Clinic Expectations:

Please read waiver & sign:

Emergency Contact Person: _____ 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.

Signature of participant: _____ Date: _____