

Peninsula Runners Fall 2008
Walk to Run & Run Faster!!
Wednesday Evening Clinics - Langley

Personal Information

Name: _____

Street: _____

City: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Gender: Male / Female Birth date: _____

Shirt Size: Men's or Women's (S) (M) (L) (XL)

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 Goals or Expectations:

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: _____