

Spring 2012 Half & Full Marathon Clinic

Name: _____

Street: _____

City: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Gender: Male / Female _____ Birth date: _____

Running History

How long have you been running?

What is the longest distance you have run in the last six months?

What is your average weekly mileage in the last six months?

<u>History at:</u>	<u>Number run?</u>	<u>Best time (when & where)?</u>
10 km		
Half marathon		
Marathon		

Clinic Goal:

Clinic 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: _____