



# Peninsula Runners Spring '08 Running Clinics



- Choose Clinic:**  Nike 10k & Half Marathon \$99.99 + tax  
 Adidas Boston & Vancouver Marathon \$169.99 + tax  
 Timex Interval Beginner Run \$99.99 + tax

## Personal Information

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

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth (mm-dd-yy): \_\_\_\_\_ Gender:  Male  Female

## 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 running mileage in the last six months? \_\_\_\_\_

	Number run	Best time (when & where)
History at:		
5km:	_____	_____
10km:	_____	_____
Half marathon:	_____	_____
Full marathon:	_____	_____

**Clinic Goal:** \_\_\_\_\_  
\_\_\_\_\_

**Clinic Expectations:** \_\_\_\_\_  
\_\_\_\_\_

Support Person \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies \_\_\_\_\_ Current Medical Problems \_\_\_\_\_

Medications being taken \_\_\_\_\_

## Please read the waiver and sign:

Waiver of liability: In consideration of joining your clinic, I the undersigned, intended 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 causes of suit or action, that I may at any time have against the Peninsula Runners Company Inc., all Peninsula Runners Run Leaders and Volunteers and Sponsors of the workshop, for any and all injuries suffered by me as a result of participating in this weekly workshop.

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_