

Peninsula Runners 2009 Royal Victoria Marathon Clinic

Marathon: Transition \$139.⁹⁹

Marathon: Advanced \$139.⁹⁹

Personal Information

Name: _____

Street: _____

City: _____

Postal Code: _____

Phone: _____

Email Address: _____

Birth date: _____

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 Expectation: _____

Please read the waiver and sign:

Support Person _____ Phone: _____

Allergies _____ Current Medical Problems _____

Medications being taken _____

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