

PENINSULA RUNNERS

2010 HALF & FULL MARATHON CLINICS

“WE RUN THE PENINSULA!”

Name: _____	
Street: _____	
City: _____	Postal Code: _____
Phone Number: _____	Email Address: _____
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Birth date: _____

CLINIC REGISTRATION – HALF MARATHON MARATHON

- RUNNING 101 - NOVICE PROGRAM** – An athlete whose desire is to complete the half-marathon or marathon distance either for the first time and/or to enjoy the experience. Half-Marathon registrants should be comfortable running continuously 5 – 6 miles and Full-Marathoners, 9 miles plus. They should also be comfortable running a variety of distances at least 3 times per week. For this individual, participation is of greater importance than a specific finishing time.
- RUNNING 201 - EXPERIENCED** – this athlete has completed the Half-Marathon or Marathon distance within the last two years and has a sufficient running base to adapt to **greater endurance training** and may be seeking a personal best finishing time. You will be required to run 3 – 5 days per week depending upon your schedule.
- RUNNING 301 – ENDURANCE** – this program is designed for those runners wishing the long-term benefits of an increased endurance base. By the end of the program you will understand by example how an extra 10 miles per week over 18 weeks will greatly improve your performance.
- RUNNING 401 - ADVANCED** – a unique extended training program provided for motivated and performance-oriented individuals running 5 years plus and have completed several marathons or recent PENINSULA RUNNERS clinics and are seeking a **personal best** finishing time for the **VANCOUVER MARATHON**. Several events or distance time-trials will be strategically inserted to monitor individual performances and allow proper recovery time. This program will have a suggested 6-day per week training schedule depending upon your personal availability.

PLEASE READ WAIVER AND 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 Surrey 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:** _____