



Fall 2010
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?

Table with 3 columns: History at, Number run?, Best time (when & where)?

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: \_\_\_\_\_