



Learn to Run, Walk & Run Faster!!

Tuesday Evening 5k Clinics

Personal Information

Name: _____

Street: _____

City: _____ *Postal Code:* _____

Phone Number: _____ *Email Address:* _____

Gender: *Male / Female* *Birth date:* _____

Running (or Walking) History:

Are you currently running or have you previously?

What other physical activities do you participate in?

Please circle your current fitness/physical ability level:

Beginner *Novice* *Intermediate* *Advanced*

Clinic Goals or 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:* _____