

Registration Form



Please Check One

5k/10k
Winter

Half
Marathon

LTR/5K

10K

Print Name

Address – Number, Street, Apt #, Box

City, Prov

Postal Code

Home Telephone Number

Work/Cell Telephone Number

E-mail Address

Date of birth

T-shirt Size (Please check one)

Womens sizes

S

M

L

XL

Mens sizes

S

M

L

XL

XXL

Payment Details: Refer to the brochure or website & locate the fee amount for the running clinic you have chosen i.e. Learn to Run/5K or 10k or 5k/10k Winter Maintenance or Half Marathon, (taking into consideration Earlybird registration or not) & write that amount in the correct box below.

Cash

Debit

Visa

MC

Cheque

Date

Signature

NO REFUNDS

In consideration of my attendance and participation in the 'Learn to Run/5k or 10k or 5k/10k Winter Maintenance or Half Marathon' Clinic conducted by Dr. Sarah Adams at Beach Chiropractic and Wellness Centre, I (for myself and my heirs) agree as follows:

- 1 I hereby waive, release and forever discharge Beach Chiropractic and Wellness Centre, Sarah Adams, Jayne Adams, Dave Foster, Mike McCluskey, Pat Adams and all other persons involved in the management and/or conduct of the said clinic(including without limitation, their officers, employees and agents) (together the "Releasees") of and from all claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss and/or damage to my person and/or property howsoever caused, rising or to arise by reason of my participation in the said clinic, whether as a spectator, participant or otherwise, whether prior to, during or subsequent to the said clinic and notwithstanding that same may have been contributed to or occasioned by the negligence of one or more of the Releasees. Further, I hereby indemnify and save harmless the Releasees against and from all claims, demands, damages, costs, expenses, actions and causes of action of third parties in respect of death, injury, loss and/or damage to my person and/or property howsoever caused, arising or to arise reason of my participation in the said clinic, whether as a spectator, participant or otherwise, whether prior to, during or subsequent to the a/said clinic, and notwithstanding that same may have been contributed to or occasioned by the negligence of one or more of the Releasees.
- 2 I hereby assume the risk of running in traffic and any and all other risks associated with running with and otherwise participating in the said clinic including, without limitation, falls, contact with other participants, the effects of weather (including below freezing weather) and the effects of bad road conditions.
- 3 I hereby attest/certify, that to the best of my knowledge, my physical condition is excellent and not less than that reasonably required to enable me to fully participate in the said clinic. Further, I hereby attest/certify that my said physical condition has been verified by a licensed medical doctor within the immediately prior 90 day period and that such doctor was fully informed of the nature of the said clinic.
- 4 I hereby confirm that I have read this Participant's Agreement, Waiver, Release Form and confirm that I am participating in the said clinic at my own risk.
- 5 I agree to have my photograph taken and displayed for advertising purposes for future Running Clinics at Beach Chiropractic:

Signature (Parent or Guardian if under 18)

Print Name

Date



Name:

Date:

Welcome to the Beach Chiropractic Running Club. We are looking forward to another great season of running. Before we get started we need your input, so we are better able to meet your needs and help you reach your goals. Please fill out the following as best you can:

1. How did you hear about the running clinic?

2. Do you have any specific running goals that you would like to achieve during this clinic and into the future?

3. Do you have any other health and fitness goals?

If you have past running/walking experience please answer #4 – 6. If not, skip to #7.

4. At present, what distance can you run without difficulty, or how long do you run for?

5. Do you run/walk intervals, just walk or just run? How many days per week?

6. What running achievements have you accomplished in the past? When were they?

7. Do you have any injuries or health problems?

8. Are there any restrictions you have in joining us on Wednesdays at 7pm?

9. The following topics have been discussed at previous 'Running Clinics'. Please circle the topics of special interest to you:

- | | | |
|----------------------------------------------------|---------------------|-----------------------|
| Getting Started/Goal Setting | Training Principles | Stretching Techniques |
| Nutrition | Sports Injuries | Heart Rate Monitoring |
| Running Form | Pilates | Race Day Preparation |
| Exercise Ball | Yoga | Motivational Speakers |
| Choosing Proper Footwear/ Clothing (Becker Shoes). | | |

Please list any other topics you would like to learn about:

