



FULL MARATHON

½ MARATHON

Please check one

the runners' den

Full and Half Marathon Clinic 2012

Name of Participant: _____

Phone Number: _____ Cell Phone: _____

Date of Birth (mm/dd/yyyy): _____ Technical Tee Size: Mens or Ladies S M L XL

E-mail address: _____

Note: E-mail addresses are for the exclusive use of the runners' den. We do not sell or share our address book.

Goals for Clinic: _____

Pace Group Preference:

Full Marathon Time Eq.	Pace	½ Marathon Time Eq.	Pace
3:15	7:30 _____	1:35	7:30 _____
3:30	8:00 _____	1:45	8:00 _____
3:40	8:30 _____	1:50	8:30 _____
3:50	9:00 _____	1:55	9:00 _____
4:10	9:30 _____	2:00	9:30 _____
4:30	10:00 _____	2:10	10:00 _____
4:50	10:30 _____	2:20	10:30 _____
Slower	Finish _____	Slower	Finish _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Relation: _____

Declaration Waiver

I am aware of the physical demands and training and waive responsibility of the runners den if I am to injure myself while attending the clinic. I will obtain doctor's approval to participate if I am unsure. I am 19 years of age or older. As a marathon participant, I am able to run for 60 minutes continuously, as a half marathon participant, I am able to run 40 minutes continuously.

www.runnersden.ca

Signed: _____ Date: _____