



Paid in Full: _____

DROP IN:: _____

Card Made: Yes: _____

Participant information and Waiver the runners' den clinic 2010

Name of Participant: _____

Phone Number: _____ Cell Phone: _____

E-mail address: _____

_____ **YES:** I would like to receive information from the runners' den via e-mail

_____ **NO:** Please do not send information via e-mail.

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

PLEASE SELECT YOUR DESIRED PACE GROUP:

WALK	_____	9:30 MIN/MILE	_____	7:30
MIN/MILE	_____			
WALK/RUN:	_____	9:00 MIN/MILE	_____	7:00 MIN/MILE
10:30 MIN/MILE	_____	8:30 MIN/MILE	_____	
10:00 MIN/MILE	_____	8:00 MIN/MILE	_____	

Emergency Contact Information: Name: _____

Phone Number: _____

Relation: _____

Waiver and Release: MUST READ AND SIGN

In consideration of acceptance into **the runners' den clinic** you, your executors and administrators hereby, waive and release the organizers of this clinic along with **the runners' den inc.**, and any other company that may be involved but not listed as well as run leaders and volunteers from any and all rights of claims for damages you may have against them, their representatives, successors and assigns, for any and all illness, injuries and/or losses you may sustain as a result of participation in this clinic. You also promise to try to have fun, to learn about running and enjoy life as much as possible.

www.runnersden.ca

Signed: _____ Date: _____