

2019 Ceevacs Roadrunners Run and Walk Clinic Entry

*First Name: _____ *Last Name: _____

*Address: _____ *City: _____

*Province: _____ *Postal code: _____

*Cell Phone number: (____) _____ *Email address: _____

*Date of Birth: Day _____ Month _____ Year _____ *Gender: _____

*You must be at least 16 years of age to participate. Youth between the ages of 16 and 18 must participate with a parent or guardian in attendance

- Drop off entry form with payment (no mail-in): Cowichan Sportsplex 5847 Chesterfield Ave, Duncan, BC V9L 3M2**
- Make cheque payable to Ceevacs Roadrunners**
- Fee: *Early Bird by December 25 - \$120 *Regular Fee, December 26 to January 27 - \$140 *Procrastinator, Jan 28 - \$160**
- Save time, sign-up online! www.ceeivacs.com Enter online at no extra cost! Online fee is absorbed into the price.**

Questions: Please provide us with as much information about yourself as possible to help us place you in the correct group!

Please circle your choice:

1. **Entry Includes gender specific Technical Run Shirt, please choose:**
Male or Female X-Sm Sm Med Lg X-Large XX-Lg
2. **Fitwalk, Learn to Run, or 5 km-(no experience required) 10 km-(20 minute' run/walk base required) Half Marathon-(10 km fitness base required). **Your choice:** *Fitwalk *Learn to Run *5 km *10 km *Half Marathon**
3. **Is this your first walk run clinic: yes or no If no what year and group were you in?**
4. **Please choose one of the following:**
 - I am a walker, I can walk comfortably for 20 minutes
 - I am an experienced walker, I can walk comfortably for 60 minutes
 - I am a beginner runner, no running experience
 - I can run 2-4 minutes with 2-minute walk breaks for 20-30 minutes
 - I can run 6-9 minutes with 1-2-minute walk breaks for 30-45 minutes
 - I can run 30-60 minutes comfortably without walk breaks
 - Other:
5. **What is your current activity level?**
 - Sedentary - new to exercise
 - Starting to get active - 1 to 3 times per week
 - Moderately active - three or more times per week
 - Active - 5 times per week
6. **If applicable, please list current race times (within the previous year) for: 5 km _____ 10km _____ Half Marathon _____**
7. **Please give a brief description of your current weekly exercise. What type, how often, etc. If you are new to exercise let us know that too!**
8. **Starting any physical fitness program has potential risks. If you are new to exercise or have medical concerns, please do not participate without your physician's approval. Do you have any serious medical conditions we should be made aware of?**
 - No
 - Yes, and I have my physician's approval. (our coach may contact you directly for more information)
 - Details on your medical condition.

WAIVER, RELEASE AND INDEMNITY PLEASE READ CAREFULLY:

In consideration of your accepting my participation in Ceevacs Roadrunners Run and Walk Clinic and any other related events, I hereby, for myself, my heirs, executors, administrators and assigns, waive, release and hold harmless Ceevacs Roadrunners Run and Walk Clinic and the Ceevacs Roadrunners Club, together with and as agent for their directors, officers, employees, representatives, agents, volunteers, group leaders and members ("the Releasees") from any and all liability for death and/or injury to person and/or property that may have been contributed to or occasioned by the negligence of the aforesaid Releasees or any of them. I acknowledge that I have read and understand and agree to abide by the above rules and waiver agreement. In witness whereof, I have hereunder set my hand this: _____ Day of _____, 201____

Printed Name

Witness Name

Signature

Witness signature

Signature of Parent/Guardian if Under 19 years of age