



REGISTRATION FORM

Please print clearly and fill out both sides of this form completely.

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (h) _____ (c) _____

Emergency Contact (name & number): _____

Birthday: M___ D___ Y___ Age as of January 13th, 2010: _____

E-mail: _____

T-shirt size (technical/wicking tee): Sm ___ Med ___ Lg___ XL ___

1. Do you have any medical condition or injury that may affect your participation in this clinic? Yes ___ No ___
If yes, please describe briefly: _____

2. Please describe your current exercise routine, including what you do, how many times per week and for how long (either time or mileage) each time: _____

2. (Circle one) Are you currently RUNNING, WALKING, or a COMBINATION of running/walking regularly?

4. If you are currently running, approximately how long does it take you to run 1 mile? _____ minutes

5. If you are currently walking only, approximately how long does it take you to walk 1 mile? _____ minutes

6. What are your short and/or long term fitness goals related to running/walking? _____

7. What would you most like to get out of this clinic at the end of 10 weeks? _____

8. Most weeks we will have a guest "fitness expert" from the community come and talk to the group before our run. What topics related to fitness and/or women's health are you particularly interested in?

PLEASE TURN OVER

WAIVER:

I know that running/walking is a potentially hazardous activity. I should not enter a run/walk program unless I am medically able and have consulted with my physician. I acknowledge the effects of weather, including cold, windy conditions, rain, high heat and/or humidity, or that falls, contact with other participants, the condition of sidewalks and/or roads, and traffic on the route are all risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of my being accepted into the run/walk program, I, for myself and anyone entitled to act on my behalf, waive and release Bull City Running Company, LLC, the City of Durham, and all other sponsors, program officials, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these activities even though that liability may arise out of negligence on the persons named in this waiver. I grant permission to Bull City Running Company, LLC to use any photographs, motion pictures, video recordings, or any other record of this clinic for any legitimate purpose. I also understand that registration is non-refundable once it has been received.

Signature _____ Date _____

QUESTIONS? Call 919-265-3904 or e-mail: bullcityrunning@gmail.com

**Please drop this registration off at the store and/or mail it along with a check for \$75.00 to:
Bull City Running Co. 202 W. NC Highway 54, Suite 201, Durham, NC, 27713.**