

RUNBUDS

REGISTRATION FORM

Please print clearly and fill out both pages 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 16, 2012: ____

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 provide your current exercise routine (if any), including how many times per week and for how long (either time or mileage) each time – include running, walking, pilates, yoga, biking, swimming, cross training, gym/personal training sessions:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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

4. Approximately how long does it take you to run/walk 1 mile? _____ minutes

5. If you have recently completed an event of any distance (5K, 10K, half marathon, etc.), please indicate the distance and your finishing time(s): _____

Please check one:

New Participant (\$100)

RunBuds Alumni (\$75)

6. What are your short and/or long term fitness goals? _____

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?

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 to:
Bull City Running Co. 202 W. NC Highway 54, Suite 201, Durham, NC, 27713.