



REGISTRATION FORM

Spring ☐ Summer ☐ Fall ☐ Winter ☐ Year: _____

- ☐ 42 Km Clinic: ... ☐ 1/2 Clinic ☐ Full Clinic
☐ 30 Km Clinic (Winter only): ☐ 1/2 Clinic ☐ Full Clinic
☐ 21 Km Clinic: ... ☐ 1/2 Clinic ☐ Full Clinic
☐ 15 Km Clinic: ... ☐ 1/2 Clinic ☐ Full Clinic
☐ 10 Km Clinic: ... ☐ 1/2 Clinic ☐ Full Clinic
☐ 5 Km Clinic: ... ☐ 1/2 Clinic ☐ Full Clinic
☐ In-Person Clinic
☐ Virtual Clinic
☐ Combination (In-Person + Virtual)

Name: _____ D.O.B. _____ Age: _____

Address: _____

Day Time Phone Number: _____ Evening Phone Number _____

E-mail Address: _____ Do you need a hotel for race (if applicable)? ☐ Yes ☐ No

Facebook account ☐ Yes ☐ No Name on Account (if different than specified above): _____

** We will communicate with our clinics via email and/or the private FACEBOOK running group, so please add us as a friend. *Please note that photographs may be taken of clinics/runs and may be used in promotions*

Emergency Contact: _____ Emergency Contact number: _____

Would you be interested in purchasing an Active Running Long Sleeve Shirt? ☐Yes or ☐No

If yes, size: Men's or Women's Size: ☐X-Small ☐Small ☐Medium ☐Large ☐X-Large

I declare that I meet the pre-requisites to participate in the clinic stated below:

- ☐42 K: presently able to run 23K
☐30 K: presently able to run 10K
☐21 K: presently able to run 10K
☐15K: presently able to run for 40 minutes twice a week with no difficulty
☐10K: presently able to run for 30 minutes twice a week with no difficulty
☐5K: presently able to walk 45' 3 times/week with no difficulty

I have taken an ARTC Running Clinic this year: ☐ No ☐Yes; how many times: _____

which distance & when: _____

Education topics you would like us cover: _____

Goals for this clinic: _____

Signature: _____ Date: _____

COVID-19 ACKNOWLEDGEMENT DISCLAIMER FOR RUNNING CLINICS

I hereby acknowledge that I have agreed to participate in the Active Running & Therapy Centre Running Clinic and that there is an inherent risk for contracting COIVD-19 in participating in said Clinic. I am aware that there is an inherent risk in exposure to said COVID-19 virus by means of i) my physical presence in the clinic; ii) my interactions with other members of the clinic present at the same time as I am; and iii) my interactions with staff, and leaders of the facility. I take full responsibility for declaring any symptoms and/or concerns with both the North Bay/Parry Sound District Health Unit, as well as the Organizer, Lisa Despres, should I develop any symptoms. I acknowledge that I have read and fully understand the risks outlined above. I acknowledge and confirm I am willing to accept these this as a condition of attending the Clinic.

NAME: _____ SIGNATURE: _____ DATE: _____

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- | Yes | No | |
|-----|-----|--|
| ___ | ___ | 1. Has any doctor ever said you have heart trouble? |
| ___ | ___ | 2. Do you frequently have pain in your heart and chest? |
| ___ | ___ | 3. Do you ever feel faint or have spells of severe dizziness? |
| ___ | ___ | 4. Have you ever had a seizure? |
| ___ | ___ | 5. Have you ever been told your blood pressure was too high? |
| ___ | ___ | 6. Do you experience difficulty breathing at rest? |
| ___ | ___ | 7. Do you have a history of asthma or emphysema? |
| ___ | ___ | 8. Do you have a persistent cough? |
| ___ | ___ | 9. Have you had a recent viral infection? |
| ___ | ___ | 10. Have you had any surgery in the past twelve months? |
| ___ | ___ | 11. Do you have problems with swelling in the lower extremities? |
| ___ | ___ | 12. Are you currently on any medication? |
| ___ | ___ | 13. Is there any medication you are supposed to be taking that you are not taking? |
| ___ | ___ | 14. If you are female, are you pregnant? |
| ___ | ___ | 15. Is there a good physical reason not mentioned above why you should not follow an activity program even if you wanted to? |

**AMATEUR ATHLETIC WAIVER
FOR RUNNING CLINICS**

In consideration, of the acceptance of my entry in the Active Running & Therapy Centre Inc. on behalf of myself, my heirs, executors, administrators, successors and assigns, I HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE, and UNDERTAKE, to hold harmless and indemnify against any and all liability incurred by Active Running & Therapy Centre Inc. and its directors and assigns from any and all claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property however caused, arising or to arise by reason of my participation in the said event, and notwithstanding that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid. By submitting this entry, I ACKNOWLEDGE I have read, understood and agreed to be bound by the terms of this waiver, and that I am signing it voluntarily without duress or undue influence from anyone. I WARRANT that I am physically fit to participate in this clinic.

NAME: _____ SIGNATURE: _____
DATE: _____

****OFFICE USE:**
AMOUNT PAID _____ : DISCOUNT GIVEN _____ TAKING VIRTUAL IN-PERSON COMBINATION
 FULL CLINIC HALF CLINIC Staff Initials: _____