

**Please complete the following
Absolutley Running Half Marathon
Clinic/BC Athletics membership
registration form, and deliver it to
Extreme Runners (436 5th Street,
Courtenay BC, V9N 1J8)**

Name _____
 Address _____

 Phone _____
 E-mail _____
 Date of birth _____
 BC Athletics Club affiliation if applicable _____
 Current BC Athletics Membership number if applicable _____

Registration Fees	Price
<input type="checkbox"/> Full / Half Marathon Clinic	<u>\$85.00</u>
<input type="checkbox"/> Drop-in (includes liability)	<u>\$ 10.00</u>
<input type="checkbox"/> Supporting Membership (included in registration)	<u>\$00.00</u>
<input type="checkbox"/> Adult Recreation member-age 20+ for road running and cross-country(add \$35)	_____
<input type="checkbox"/> Master Member-age 40+ for road running, cross country and track & field (add \$40)	_____
<input type="checkbox"/> Senior Member-age 20-39 for Competitive road running, track & field, and cross-country (add \$90)	_____
<input type="checkbox"/> Junior Member- ages 18 & 19 for competitive track & field, road running, and cross-country (add \$80)	_____
<input type="checkbox"/> Juvenile Member-ages 16 & 17 for competitive track & field, road running, and cross-country (add \$70)	_____
Total:	_____

Method of Payment (Cheques payable to B.C. Athletics)

Cheque Cash Visa MasterCard

Credit Card # _____

Cardholder (print name as printed on card) _____ Exp. date _____

Cardholder signature _____

THE WAIVER

BC Amateur Athletics Association Sport safety/acknowledgement of risk:

The responsibility for sport safety must be shared by all. I, the undersigned, am aware that there is a certain risk of injury involved in my own or my child's participation in sport: either while traveling to or from the event; or while attending or participating in the programs or activities of the events which are sanctioned/approved by BC Athletics, its' Divisions, its' Member Clubs or recognized organizing societies. It is understood by me that the signing of this document is intended to indicate that on behalf of myself and/or my child I assume shared responsibility and acknowledge the risk of injury by so participating.

Absolutley Running Half Marathon Clinic for the Comox Valley Half Marathon Waiver:

I wish to proceed with participation in the "Absolutley Running Half Marathon Clinic". In agreeing to attend this clinic, I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damage I may have against the B.C. Amateur Athletics Association, Darren Skuja, Absolutley Running and their staff, their agents, representatives and successors and/or the premises of exercise supervision for any and all injuries that may be sustained by me participating in or travelling to and from the said exercise consultation/ supervision sessions, or from following non-supervised instructions. I certify that I am cleared by my personal physician to participate in exercise training, and have no medical contraindications for supervised endurance exercise training.

Signature _____
 Date _____

QUESTIONNAIRE

- How far was your longest run in the last three weeks?

- How many years/months have you been running?

- Have you ever run a marathon before?

- How fast could you presently race a 10K?

- Describe any running injuries/illnesses during the past year.

- What is your goal for the Comox Valley Half Marathon on March 20, 2005?

- Please list any medical conditions that the instructor should be aware of.

