



ELATION RUN CLUB REGISTRATION FORM

CONTACT INFORMATION:

First name: _____ Last name: _____
Address: _____
City: _____ Province: _____ Postal code: _____
Home phone: _____ Office phone: _____
E-mail: _____

RUNNING PROFILE:

1. How long have you been running? _____
2. What are your current running goals?

3. Are you training for a specific race? If so, which one? _____
4. Do you have any medical conditions to which we should be aware?

5. How did you hear about the Elation Run Club?

QUESTIONS? Please call 613-322-3068

LIABILITY WAIVER:

- I acknowledge that running is an activity with risks inherent in it and, in signing this waiver form, I accept those risks and any consequences resulting from them.
- I agree that neither I, my heirs, assigns, or legal representatives will sue or make any other claims of any kind whatsoever against Elation Centre Ltd. or its members for any personal injury or property damage or loss, whether caused by negligence or otherwise.
- I have spoken to my doctor or health professional about any and all physical ailments, limitations, and injuries and am aware of my limitations.
- I will inform the Elation Run Club coordinator(s) of any changes in medical conditions that will impact my running practice.

SIGNATURE

DATE