

NAME (FIRST & LAST)

ADDRESS

PHONE

BIRTHDAY(DAY/MONTH/YEAR)

EMAIL

DISTANCE/PACE GROUP

- Power-Walkers** **5K Sweet** **10K Sweet** **21K Sweet**
 5K Bold **10K Bold** **21K Bold**
-

MEMBERSHIP & PAYMENT TYPE

NOTE || ELITE: Live + Virtual | **PRO:** Virtual Only

- | | |
|--|---|
| <input type="checkbox"/> ANNUAL | <input type="checkbox"/> SPRING CLINIC (8 WEEKS ONLY) |
| <input type="checkbox"/> ELITE MONTHLY
(\$57.50/month) | <input type="checkbox"/> ELITE
(\$65.00/month for 2 months) |
| <input type="checkbox"/> ELITE ANNUAL*
(\$552.00/year) | <input type="checkbox"/> PRO
(\$42.50/month for 2 months) |
| <input type="checkbox"/> PRO MONTHLY
(37.50/month) | |
| <input type="checkbox"/> PRO ANNUAL*
(\$360.00/year) | |

**Please note: The annual membership covers a 12-month term, which is automatically renewed one year from your registration date (unless you provide a written cancellation request 30 days prior to the renewal date). Should you cancel your membership prior to this date, you will be charged a \$100 administration fee.*

RUNCLUB WAIVER:

I know that fitness activities and clinics have potentially hazardous activities associated with them and that I should not participate prior to approval by my physician. I assume any and all other risks associated with these events including but not limited to: illness, falls, contact with other participants, the effects of the weather including high heat and/or humidity, the conditions of the roads, and all such risks being known and appreciated by me. I agree that I will follow all provincial health guidelines when participating in either the in-person training or virtual training and events. Knowing these facts, in consideration of RUNClub, Jo Berry, other facilitators and coaches, any events associated with RUNClub, Event Sponsors, Volunteers and Organizers accepting this entry, I hereby for myself, my heirs, executors and administrators, waive any release any and all rights and claims for damages sustained by me as a result of this program (and/ or event) , for any cause whatsoever, including negligence. It is expressly understood by the undersigned that this event (RUNClub) is entered into at the sole risk of the undersigned and that the organizers and sponsors of the event are exempt from liability for any and all damages sustained and any and all injury and liability for any and all damages sustained and any and all injury and loss, including person and property loss arising from any cause whatsoever, including negligence.

I acknowledge and respect that any behavior or actions by me that go against RUNClub's core values, or that are deemed inappropriate by RUNClub, Jo Berry and it's coaches, are reasonable cause for dismissal from any RUNClub clinics or events and that RUNClub reserves the right to refuse my entry into any future clinics, activities or events based on this behavior.

I hereby acknowledge having read this Release and Waiver and I understand and accept its terms.

I HAVE READ, UNDERSTAND AND AGREE TO THE FULL TERMS OF THIS WAIVER.

NAME (FIRST AND LAST)

DATE (MONTH/DAY/YEAR)

PAR - Q WAIVER

HAVE YOU EVER BEEN DIAGNOSED WITH A HEART CONDITION?

YES NO

HAS A DOCTOR EVER TOLD YOU THAT YOU SHOULD ONLY PARTICIPATE IN RECOMMENDED PHYSICAL ACTIVITY?

YES NO

IN THE PAST MONTH, HAVE YOU EXPERIENCED ANY CHEST PAIN WHILE SEDENTARY?

YES NO

DO YOU EVER LOSE YOUR BALANCE DUE TO DIZZINESS OR LOST CONSCIOUSNESS?

YES NO

DO YOU HAVE A BONE OR JOINT PROBLEM THAT COULD WORSEN DUE TO A CHANGE IN YOUR PHYSICAL ACTIVITY?

YES NO

ARE YOU CURRENTLY TAKING BLOOD PRESSURE OR HEART CONDITIONS DRUGS OR MEDICATION?

YES NO

DO YOU KNOW OF ANY OTHER REASON THAT YOU SHOULD NOT PARTICIPATE IN PHYSICAL ACTIVITY?

YES NO

I HAVE READ, UNDERSTAND AND AGREE TO THE FULL TERMS OF THIS WAIVER.

NAME (FIRST AND LAST)

DATE (MONTH/DAY/YEAR)