



Contact Information

Athlete's Name: _____ E-mail: _____

Phone: _____ Athlete's Age: _____

Address: _____

Training Experience: None 6 months or less 6 - 12 months 1-2 years
 2-3 years 3 or more years

Program Registration

Please indicate the program you are registering for:

Run Clinic

Runners Strength and Conditioning

Individual Training

Sport Performance Assessment

Run Gait Analysis

Blood Lactate Analysis

Other Please Indicate: _____

Questions

1) Have you recently suffered any injuries?



2) Do you have any existing medical conditions? (i.e., diabetes)

3) What are your goals?

4) Any **other conditions/facts** which **Stride Sport and Performance Inc.** should be aware of prior to providing any services to you:

Caution: Prior to commencing any exercise routine it is advisable that you engage your medical professional to conduct a full medical examination of your person and that you disclose to that medical professional the nature of the exercise routine that you plan to undertake with Stride Sport and Performance Inc.

I, the undersigned, understand that if there are any changes to the medical conditions set out above that I have the responsibility to ensure that the same is provided to Stride Sport and Performance Inc. prior to engaging Stride Sport and Performance Inc. to provide any additional services.

In consideration of Stride Sport and Performance Inc. agreeing to provide its services to me I hereby for myself, my heirs, executors and administrators, waive any and all claims that I may have against Stride Sport and Performance Inc. from any and all liability for any loss, damage, injury or expense that I may suffer, or that my next of kin may suffer as a result of my participation in any services provided by Stride Sport and Performance Inc. due to any cause whatsoever including negligence, breach of contract or breach of any statutory or other duty of care by Stride Sport and Performance Inc., its employees agents or contracted persons. Claims which arise out of the gross negligence of Stride Sport and Performance Inc. or any of its employees, agents or contracted persons are excepted out of this waiver but in such case, damages are limited to the amount of the policy of insurance carried by Stride Sport and Performance Inc.

to cover such loss which is not to be less than \$100,000. I agree to otherwise assume responsibility for all risk of injury or damage to myself caused in connection with my participation in the services provided by Stride Sport and Performance Inc.. I consent to and permit emergency treatment in the event of injury or illness to my person.



I am over 18 years of age, have read the above, and voluntarily agree to the terms.

Print Name: _____

Signature: _____

Date: _____ Witness: _____

I am the parent or legal guardian of the person named below who is not 18 years of age and I have read the above and voluntarily agree to the terms thereof on behalf of my child.

Print Name of Child: _____

Print Name of Parent or Legal Guardian: _____

Signature of Parent or Legal Guardian: _____

Date: _____ Witness: _____

**This Personal Information is collected and will be used and disclosed in accordance with Stride Sport and Performance Inc.'s Privacy Policy which can be found on its website at www.strideperformance.ca

Promotional Release

I hereby permit Stride Sport and Performance Inc. to use my image and likeness for promotional purposes limited to its athletic programs and facilities. Stride Sport and Performance promotional mediums include but are not limited to print, video, television, and the Internet.

Please check: yes no

Parent/Guardian's Signature: _____ Date: _____

Athlete's Signature: _____ Date: _____