



RUNNING WELL® *Running Efficiency & Injury Prevention Training Program.*

2009 GROUP RUNNING WELL®: \$210.00/participant for the 6-week program with repeat *Dartfish™ Software* videotaped analysis, high repetition training drills & “take home tools” to keep you *Injury Free & Running for Life!*



Tuesday Group	Wednesday Group
April 7 – May 12	April 8 – May 13
May 26 – June 30	May 27 – July 1
July 14 – Aug 18	July 15 – August 19
Sept 1 – Oct 6	Sept 2 – Oct 7

Time: 6 to 7:30 pm. Video-taping at the first, third & final session with sessions outdoors and indoor.

INDIVIDUAL Running Well® 6 sessions are scheduled at your convenience

Location: 2680 18th St, #150 Denver, Highlands area just west of I-25.

⇒ *Running Well® will help runners of any level of ability or experience!* **Call Peter or Karen (303) 458-9660** or go to at www.CatalystTherapies.com to find out more. **To reserve a spot, complete this form with payment and send it to:** Catalyst Therapies, LLC, 2680 18th St., #150B, Denver, CO 80211

Registration Form and Participation Waiver

Make checks payable to: Catalyst Therapies, LLC or

by Credit Card: Visa MC # _____ Exp. ____/____/____

Name & address if different than below: _____

I want to participate in an Individual 6-wk Running Well® Seminar: **Please contact me:**

I want to participate in the 2009 Six Week Group Running Well® Seminar:

Mark the box next to the date of the group. Dates listed are the initial session of that 6 wk group.	<input type="checkbox"/> Tues. April 7	<input type="checkbox"/> Wed. April 8	<input type="checkbox"/> Tues. May 26	<input type="checkbox"/> Wed. May 27
	<input type="checkbox"/> Tues. July 14	<input type="checkbox"/> Wed. July 15	<input type="checkbox"/> Tues. Sept 1	<input type="checkbox"/> Wed. Sept 2

Print Name _____ **Ph:** _____ **Cell:** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email: _____

Emergency Contact: _____ **Ph:** _____

Please include full payment or a minimum \$50 non-refundable deposit to register.

Release & Agreement: In consideration for being permitted to participate in the Running Well® Clinic, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against the promoters, Catalyst Therapies, LLC, Peter Szymanski & Karen Voss. I understand by my participation in The Running Well® Clinic, I am not agreeing to or expecting direct physical therapy/occupational therapy assessment or treatment. Assumption of Risk: I am aware that exercise, stretching, & running can be strenuous and potentially dangerous activity. With knowledge of the risks involved, I hereby agree to accept any and all risks of injury or death. I represent and certify that I am physically fit to participate in this event. I have carefully read this official release and agreement, and I understand its contents. I'm aware this is a release of liability and a contract between me and the promoters of The Running Well® Clinic. I sign it of my own free will. I understand that I am financially responsible and agree to pay for my participation in this event the amount shown on this form, payment due at the initial session.

Participant's Signature: _____