

"Running Well"

Running Form Training Program participating in drills to address various aspects of movement efficiency & form. Register to participate in: a six week group seminar, weekend group seminar or individual training. Call Peter or Karen (303) 458-9660 with questions.



Cost: \$185.00 for repeat videotaped analysis, high intensity training with drills and direct intervention to provide you with "take home tools" to keep you Injury Free & Running for Life! Running Well™ will help runners of any level of ability or experience!

When: Weekend sessions are on Saturday & Sunday, February 25 & 26 & April 1st & 2nd

Time: 8am to 12 or 1pm Saturday & Sunday (4 to 5 hours each day)

Six Week Running Well™ Seminar begins on April 4th to May 9th & May 16 to June 20th.

Time: 90 minute sessions starting at 6 pm each Tuesday.

Individual Sessions are by appointment only. Just call or sign up and we will get you scheduled!

Location: Catalyst Therapies at 2727 Bryant Street, #540, 3 blocks west of I-25 & 1 block south of N. Speer Blvd

Space is limited. To reserve a spot, complete this form with payment and return it to:

Catalyst Therapies, LLC, 2727 Bryant St., Suite 540, Denver, CO 80211

Make checks payable to: Catalyst Therapies, LLC or pay by credit card.

Registration Form and Participation Waiver

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

I want to participate in the **Weekend Running Well™ Seminar** on (mark one): _____ Feb. 25 & 26 _____ April 1 & 2

I want to participate in a **Six Week Group Running Well™ Seminar** beginning (mark one): _____ April 4 _____ May 16th

Print Name _____ Phone _____ Work/cell _____

Address _____ City _____ State _____ Zip _____

Credit Card (circle type) Visa/MC/Discover # _____ Expiration Date ____/____

Amount to be charged to credit card _____

Email Address _____ T-Shirt Size ____S ____M ____L

Initial if you would like to receive our email newsletter mailing _____

Release & Agreement: In consideration for being permitted to participate in the Running Well Clinic, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against the promoters, Catalyst Therapies, LLC, Peter Szymanski & Karen Voss. I understand that by 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 that 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: _____