

# ***Catalyst Therapies, LLC***

**RUNNING WELL™ SEMINARS™**

**Peter Szymanski, PT, IOC, CFMT**

**Karen Voss, MS, OTR**

**2727 Bryant Street, Suite 540**

**Near I-25 & Speer**

**Denver, CO 80211**

**303-458-9660**

- Running Well Seminars™ to improve running form and efficiency. Includes video analysis. Individual and group sessions available.
- Skilled Physical Therapy and movement & exercise education & training for sports injuries or any type of musculoskeletal pain.
- Massage/Manual Therapy
- Custom orthotics

## **RUNNING WELL™ SEMINARS 2005 Spring/Summer Schedule**

**Register to participate in this 6 week program to improve your running efficiency.**

### **Program Dates:**

**Mondays, beginning April 4<sup>th</sup>**

**Mondays, beginning May 16<sup>th</sup>**

**Tuesdays, beginning May 3<sup>rd</sup>**

**Tuesdays, beginning June 14<sup>th</sup>**

**Cost: \$175.00 for (6) 90 minute sessions including repeat videotaped analysis.**

Each series of six sessions meets one time per week and begins at 6pm. Plan on spending about 90 minutes each session participating in drills to address various aspects of movement efficiency and form.

***Space is limited.*** To reserve a spot, please print & complete the registration form. Send it with your payment to: (make checks payable to Catalyst Therapies, LLC)

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

You can also call Peter or Karen at (303) 458-9660 to register by phone or to answer any questions. Ask us about individual sessions if interested.

# ***Catalyst Therapies, LLC***

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Denver, CO 80211  
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## **Registration Form and Participation Waiver**

I would like to participate in the Running Well™ Seminar Beginning:

\_\_\_\_ Monday, April 4, 2005

\_\_\_\_ Monday, May 16, 2005

\_\_\_\_ Tuesday, May 3, 2005

\_\_\_\_ Tuesday, June 14, 2005

Print Name \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please include payment in full or a \$50.00 nonrefundable deposit to reserve a spot in a seminar. Be sure to indicate the seminar you plan to attend.**

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 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: \_\_\_\_\_