

# "Running Well"



*Running Form Training Program* participating in drills to address various aspects of movement efficiency and form.

**Register to participate in: a six week group seminar or individual training.  
Call Peter or Karen (303) 458-9660 with questions.**

**Includes repeat videotaped analysis, high intensity training with drills & direct intervention to provide you with "take home tools" to keep you *Injury Free & Running for Life!***

**Six Week Running Well™ Seminar, \$195.00. Wednesdays, 6 – 7:30 p.m., beginning March 3<sup>rd</sup>, 2007 ending May 2<sup>nd</sup>** (with make up date of May 9<sup>th</sup>, if needed).

**Individual Running Well™:** \$225 for 6, 90 minute sessions. 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.

*Running Well™ will help runners of any level of ability or experience!*

**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.**

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### Registration Form and Participation Waiver

I want to participate in a **Six Week Group Running Well™** Seminar beginning March 3rd \_\_\_\_\_  
I want to participate in a Six Week Individual Running Well™ Sessions. Please call me to schedule \_\_\_\_\_

Print Name \_\_\_\_\_ Phone \_\_\_\_\_ Work/cell \_\_\_\_\_

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

**Email Address** \_\_\_\_\_

**Initial if you would like to receive our email newsletter mailing** \_\_\_\_\_

**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 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:** \_\_\_\_\_