



2007 Running Well™ *Running Form & Injury Prevention Training Program*

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

Repeat videotaped analysis, drills & direct intervention 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 pm, March 28 through May 2 & again May 16 through June 20
- Mondays, 6-7:30 pm, March 26 through Monday, April 30 & again May 14 through Monday, June 25

Weekend Running Well™ Seminars: \$195.00

- Saturday/Sunday 8am – 1pm, March 24 & 25 & again April 28 & 29

Individual Running Well™ \$225 for 6, 90 minute sessions. Call 303-458-9660 to schedule

Location: 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.

Registration Form and Participation Waiver: Please mark the seminar you plan to attend

I want to participate in a **Six Week Group Running Well™** Seminar beginning:

Mon-March 26 _____ Wed -March 28 _____ Mon-May 14 _____ Wed-May 16 _____

Weekend Running Well™ Seminar: March 24/25 _____ April 28/29 _____

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, 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: _____