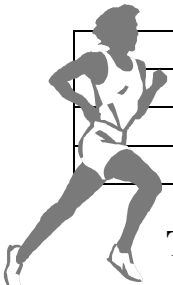




# RUNNING WELL®

## Running Efficiency & Injury Prevention Training Program.

**GROUP RUNNING WELL®:** 6-week program with repeat *Dartfish™ Software* videotaped analysis, high repetition training drills & “take home tools” to keep you *Injury Free & Running for Life!* We keep the size limited to 6 to 8 participants and 2 instructors to be sure you get the most out of the program, \$210 per person.



<b>Tuesday Group</b>	<b>Wednesday Group</b>
<b>May 6<sup>th</sup> to June 10<sup>th</sup></b>	<b>May 7<sup>th</sup> to June 11<sup>th</sup></b>
	<b>June 18<sup>th</sup> to July 30<sup>th</sup> (no class July 4<sup>th</sup> week)</b>

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

**Location:** 2680 18<sup>th</sup> St, #150 Denver, Highlands area just west of I-25, take the 20<sup>th</sup> street exit.

⇒ *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](http://www.CatalystTherapies.com) to find out more.**

**INDIVIDUAL Running Well®:** flexible scheduling, cost is \$260.00. You get individual videotaped analysis & training.

### REGISTRATION & PARTICIPATION WAIVER

**Make checks payable to:** Catalyst Therapies, LLC (send to 2680 18<sup>th</sup> St., Ste. 150B Denver, CO 80211) **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 Six Week Group Running Well® Seminar beginning:

Tues., May 6<sup>th</sup>                       Wed., May 7<sup>th</sup>                       Wed., June 18<sup>th</sup>

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, distributes, 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:** \_\_\_\_\_