

# "Running Well"

Running Efficiency & Injury Prevention Training Program consisting of drills to address various aspects of movement efficiency & form. Register to participate in a six week group seminar or individual training sessions.

Call Peter or Karen (303) 458-9660 or go to at [www.CatalystTherapies.com](http://www.CatalystTherapies.com) to find out more.

**Group Seminar: \$195.00/participant for the 6-week program with repeat videotaping, high repetition training drills & "take home tools" to keep you Injury Free & Running for Life!**

<b>Tuesday Group</b>	<b>Wednesday Group</b>
March 25 <sup>th</sup> to April 29 <sup>th</sup>	March 26 <sup>th</sup> to April 30 <sup>th</sup>
May 6 <sup>th</sup> to June 10 <sup>th</sup>	May 7 <sup>th</sup> to June 11 <sup>th</sup>



**Time: 6 to 7:30 pm.**

**Number of participants:** Space is limited to 8

**Individual 6-Week Running Well® sessions** are scheduled at your convenience. Cost is **\$245.00.**

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

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

**To reserve a spot, complete this form with payment and return it to:**

Catalyst Therapies, LLC, 2680 18<sup>th</sup> St., #150B, Denver, CO 80211

## Registration Form and Participation Waiver

**Make checks payable to:** Catalyst Therapies, LLC 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:**

I want to participate in the **Six Week Group Running Well® Seminar** beginning:

Tues., March 25<sup>th</sup>       Tues., May 6<sup>th</sup>       Wed., March 26<sup>th</sup>       Wed., May 7<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:** \_\_\_\_\_