



## 2007 Running Well<sup>®</sup> *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<sup>®</sup> Seminar: \$195.00**

Monday Group Begins July 30 6 – 7:30 and Tuesday Group, 6 – 7:30 pm Begins July 31.

**Weekend Running Well<sup>®</sup> Seminars: \$195.00**

Call for schedule

**Individual Running Well<sup>®</sup> \$225 for 6, 90 minute sessions. Call 303-458-9660 to schedule**

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

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

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

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

I want to participate in a **Six Week Group Running Well<sup>®</sup>** Seminar: Mon-July 30 \_\_\_\_\_ Tues-July 31 \_\_\_\_\_

I want to participate in your **Six Week Individual Running Well<sup>®</sup>** . 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:** \_\_\_\_\_