



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 Begins May 16

Weekend Running Well® Seminars: \$195.00
• Call for schedule

Individual Running Well® \$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 18th St., Suite 150B 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: Wed-May 16 _____

I want to participate in your **Six Week Individual Running Well®** . 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: _____