



Evolution Running Club Application Form

Contact Details

Name: _____	Date of birth: _____
Address: _____	

Telephone Number: _____	Mobile: _____
Email: _____	

Emergency Contact Details

Please give details of who we contact in an emergency.	
Name: _____	Relationship: _____
Telephone Number: _____	Mobile: _____
email: _____	

Running Experience

What running experience do you have?
Absolute Beginner Intermediate Advanced

Disclaimer

<p>I confirm that to the best of my knowledge I am able to participate in physical activity. I understand that information on this form will be treated with strictest confidence by Evolution Running Club (and by those acting for and on behalf of Evolution Running Club) for services that I may wish to engage in now and in the future. In signing this form I confirm that I have read, understood & completed this form and understand the outlined safe running practice including the Club Rules and Code of Conduct as set out below. Any questions I had have been answered to my satisfaction. In the event that I am required to seek my doctor's advice prior to commencement of any physical activity, I agree to contact my doctor and take full responsibility for obtaining written permission before starting any such physical activity. I understand that I am responsible for monitoring myself throughout the exercise programme and that if any unusual symptoms occur, I will cease participation and inform my instructor & my doctor of these symptoms. I confirm that I will ensure to take every precaution possible for the safety of myself and others and act in a responsible manner. I undertake to notify my instructor at once if there is any change in my condition. I am aware that physical activity can be hazardous and there is a risk involved. I acknowledge that I participate at my own risk and take full responsibility for my actions.</p>	
Signature: _____	Date: _____