Minersville Step-N-Stride 2015

What: This is a friendly stress free environment designed to help women develop their fitness level through walking/running and promote a healthy lifestyle.
There will be a 10 minute fitness talk followed by a guided run/walk workout and a written program for that week. The clinic will be instructed by Sandi Bergan and Jennifer Burgess D.C.

When: Sundays starting Sept 13th 5 PM rain or shine

Where: Minersville Recreation Complex

What to bring: running sneakers, drink ,*thick towel or yoga mat*

Pre-register at the Minersville Borough office or **come ½ hour early to the first session*

Please check the fitness level that describes you now. ** Please Print Clearly **

__I am not exercising at all ___I walk less than 3 times a week ___I walk 3+ times a week
__I run less than 3 times a week ___I run 3+ times a week

Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Age_____

Emergency Contact Phone_____

E-mail_____

___50$ Registration paid (checks made out to Minersville Borough)

___ StepNStride shirt womens cut(17$)

Separate check to Sandi Bergan Shirt size __SM __M __ L __XL __XXL

QUESTIONS e-mail: stepnstride@hotmail.com find us on Facebook
Minersville Step-N-Stride community page or www.doctorburgess.com

WAIVER:
I know that running/walking is a potentially hazardous activity. I should not enter a beginning Run/walk program unless I am medically able and have consulted with my physician. I acknowledge the effects of weather, including cold, windy conditions, rain, high heat and/or humidity, or that falls, contact with other participants, the condition of sidewalks and/or roads, and traffic on the route are all risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of my being accepted into the beginning run/walk program, I, for myself and anyone entitled to act on my behalf, waive and release Jennifer Burgess, Sandi Bergan, the borough of Minersville, and all other sponsors, program officials, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these activities even though that liability may arise out of negligence on the persons named in this waiver. I grant permission to the Minersville borough to use any photographs, motion pictures, video recordings, or any other record of this clinic for any legitimate purpose. I also understand that registration is non-refundable once it has been received.

Signature_____ Date_____