



**RUNNING REGISTRATION FORM**

**CONTACT INFORMATION:**

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Office phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**REGISTERING FOR:**

Class name / night: \_\_\_\_\_  
Session start date: \_\_\_\_\_  
Location: Westboro \_\_\_\_\_ Kanata \_\_\_\_\_ Almonte \_\_\_\_\_

**PAYMENT:**

- 1) VISA/MC: Total Amount Paying: \$ \_\_\_\_\_  
Visa/ MC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
CVV Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Do you give Elation Centre permission to keep your credit card information on file? YES / NO
  
- 2) CHEQUE: Amount: \$ \_\_\_\_\_ Cheque #: \_\_\_\_\_ Payable to *Elation Centre*

**QUESTIONS?** Please call 613-322-3068

**LIABILITY WAIVER:**

In consideration of Elation Centre accepting this entry, I hereby, both myself and my heirs, release from liability and waive any and all claims for damages, including claims for negligence, which I may have caused as a result of my participation in this class against the following of Elation Centre, its owners and employees, clinic organizers and members and volunteers assisting them, clinic sponsors, their employees and agents and other participants in the classes. I acknowledge that running is an activity with risks inherent in it and in signing this entry form it is my intention to accept the risks and all consequences thereof for myself alone. The terms of this release are severable from one another, and the invalidity of any one or more clauses in this release shall not affect the validity of other clauses. I acknowledge that I have read this release in its entirety that I understand and agree to be bound by its terms and that I am signing it voluntarily and without undue influence from anyone.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date