



# Stainland Lions Running Club Beginners' Course

Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_

Emergency Contact No. \_\_\_\_\_

Have you run before? YES/NO

If yes please give brief details \_\_\_\_\_

\_\_\_\_\_

**I am medically fit to take part in the Beginners' Course and understand that I run at my own risk. I will not hold Stainland Lions Running Club responsible for any injury or loss of property incurred by me as a result of running.**

**Should you wish to join the club when the course is over, the payment of £10 for the course will be deducted from the membership fees (annual cost £25 therefore £15 payable).**

Signed \_\_\_\_\_ Date \_\_\_\_\_