



Run Brockville

NO MATTER HOW
SLOW YOU GO, YOU
ARE STILL LAPPING
EVERYBODY ON THE
COUCH.

ORIENTATION FORM

Should you have any health concerns, injuries, chronic pain, heart problems or any physical limitation that may affect you during this program, we advise you to get approval from your doctor before starting this program

_____ (please initial)

Name _____

Address _____

Phone _____

E Mail _____

Do you have any health conditions or physical limitations that may affect you during this program? Please Explain

Do you experience pain or discomfort from a former athletic or other type of injury? Explain

Rate your fitness level on a scale from 1 – 10 _____

What type of sports or exercise are you currently participating in and how often?

What are your goals for this program?

Is weight loss important to you? Yes No Please explain, help us to understand your goals.

Please provide us with any other information that you would like us to know.

Declaration: To the best of my knowledge, the information provided by me on this questionnaire is correct and that I know of no reason why I should not participate in this program. I understand that I am participating in this program at my own risk and I waive any legal recourse resulting from injury, lost property or damages that may arise from my participation in this course. I acknowledge that this training program is the property of Dawn Edgley, Run Brockville.

Participant Signature _____

Print Name _____ Date _____

Emergency Contact: _____ Phone _____