

REGISTRATION FORM

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|--------------------------|--|----------------|-----------------|
| <input type="checkbox"/> | Running Clinic (8 week session 3/wk) | \$145.00 + gst | \$152.25 |
| <input type="checkbox"/> | Nordic Pole Walking Clinic Invermere (8 weeks - 2 sessions/wk) | \$125.00 + gst | \$131.25 |
| <input type="checkbox"/> | Nordic Pole Walking Clinic Radium (8 weeks - 1 session/wk) | \$70.00 + gst | \$73.50 |
| <input type="checkbox"/> | Triathlon Clinic (10 weeks - up to 5 sessions/wk) | \$175.00 + gst | \$183.75 |
| <input type="checkbox"/> | Punch Pass (10 passes to pole walking, run, bike and lake swim sessions) | \$80.00 + gst | \$84.00 |
| <input type="checkbox"/> | Drop in | \$9.53 + gst | \$10.00 |

Clinic Details

Winter (Jan-March) Spring (March-May) Summer (June-Aug) Fall (Sept-Nov)

Level: Beginner Intermediate Advanced

Name _____ Phone _____

Email _____ Address _____ PC _____

PAYMENT

Cheque

Cash

WAIVER: I realize that, due to the endurance nature of the sport of Pole walking, running, biking and/or swimming, participation may result in personal injury to myself. I fully accept these risks. In consideration of my acceptance of entry into this Columbia Valley Life Sports clinic/program, I agree that CVLS, its coaches, employees, volunteers, participants, and sponsors shall not be liable for injuries or loss I might suffer from my participation. I agree not to sue, and to hold harmless any and all persons, sponsors, volunteers, participants, coaches or management for any and all claims or liabilities that I have waived, released or discharged herein. With my signature below I agree to and acknowledge my acceptance of the above.

Signature

Date