

Get Ready to Get Over It!!!

- Expert Coaching, plus tips on:
 - Nutrition
 - Weight Training
 - Motivation
 - Injury Prevention

Expert 12 Week Walking & Running Clinics!

Cost is \$75 per person (non-refundable) and includes an "In-Training for the Bridge Run" shirt. Entry deadline is Jan. 9th. (call to check for space after this date).

Payment must be submitted with entry form to guarantee your space.

- Mt. Pleasant Clinic is at Town Track (behind Municipal Complex on Houston Northcutt Blvd.)
- Downtown Clinics at MUSC Wellness Center, 45 Courtenay Drive, Charleston.

For more information, please call (Mt. Pleasant Clinic): Irv Batten 856-4206 (Downtown Clinics): Benita Schlau 792-9001

Make check payable, and mail to: CRBR, PO Box 22089, Charleston SC 29413 Or fax (Visa/MC only) to: 856-1950; or in person at CRBR Store, 716 S. Shelmore Ste 105, Mt Pleasant. CRBR Store phone: 856-1949, www.bridgerun.com



COOPER RIVER BRIDGE RUN

Official Bridge Run Training Clinics!

Downtown Clinics brought to you by the MUSC Wellness Center; Mt. Pleasant Clinic by the Charleston Running Club.



Choose One:

- Downtown, Tuesdays at 6 pm
- Mt. Pleasant, Wednesdays at 6 pm
- Downtown, Wednesdays at 6 am
- Session Dates: Jan. 13/14 to April 1

Name: _____ Phone #1 _____

Email: _____ Phone #2 _____

Age _____ Street: _____

City _____ State _____ ZIP _____

Credit Card:

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 Expires: _____ / _____
mm yy

- Which Clinic?**
check one
- MUSC, Tues. 6 PM
 - MUSC, Wed. 6 AM
 - Mt. Pleasant Track Wed. 6 PM

- What is your running level?**
check one
- Walker
 - Novice Runner
 - Intermediate Runner
 - Advanced Runner

T-Shirt size:
circle one
S M L XL XXL



COOPER RIVER BRIDGE RUN

Cooper River Bridge Run Running Clinic

Please read and answer the following:

- | | YES | NO |
|--|-------|-------|
| 1. Do you have a history of the following conditions? | | |
| Heart Problem | _____ | _____ |
| High Blood Pressure | _____ | _____ |
| High Cholesterol | _____ | _____ |
| Respiratory Problems | _____ | _____ |
| Diabetes | _____ | _____ |
| Surgery within last 3 months | _____ | _____ |
| Major illness or hospitalization in last 3 months | _____ | _____ |
| Major muscle, joint, or back disorder | _____ | _____ |
| Other physical problem needing special attention | _____ | _____ |
| 2. Are you over 40 years of age (men) or
over 50 years of age (women) | _____ | _____ |
| 3. Are you significantly overweight? | _____ | _____ |
| 4. Are you pregnant? | _____ | _____ |
| 5. Do you currently participate in any physical fitness program or activity? | _____ | _____ |
| If yes, please describe: _____ | | |
| _____ | | |
| 6. Have you ever run for fitness before? | _____ | _____ |

The participant agrees that the attendance of the Cooper River Bridge Run Running Clinic shall be undertaken by the participant's own risk and that the Bridge Run, the Town of Mt. Pleasant, and the Charleston Running Club, and their staffs, officials or volunteers shall not be liable to the participant for any claims, damages, injuries or causes of action to person or property arising out of or connected with participation in this clinic and with the use of the Town of Mt. Pleasant track. Participant also agrees and covenants indemnify and hold harmless the Bridge Run, its staff, agents, and employees from all such claims, demands, injuries, damages or causes of action in law or in equity which arises directly or indirectly out of said participation in this running clinic.

Signature _____ Date _____