



Running/Walking Program Information Sheet

Date _____

Name _____

E-Mail Address _____

Phone Number _____

Birthday _____ Age _____

Emergency Contact and Phone Number _____

Running/Walking Goals:

1. _____

2. _____

3. _____

Do you have any medical conditions? If so, what?

How did you learn about the program? _____

Note: Please consult with a primary care physician before beginning this exercise program.