



**THE RUNNING PLACE**  
Newtown Square, PA

## Beginner Running Program Questionnaire

**\*\*Must be able to walk comfortably for 3 miles to join the Beginner Run program\*\***

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Information \_\_\_\_\_

Age \_\_\_\_\_ Occupation \_\_\_\_\_

**Running/Walking Experience** (please check here if you've taken the class before \_\_\_\_)

**\*\*Must be able to walk comfortably for 3 miles to join the beginner run program\*\***

Are you currently **running**? \_\_\_\_ If yes, for how many months/years? \_\_\_\_

What does a typical week's run mileage look like?

Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_

Sat. \_\_\_\_ Sun. \_\_\_\_ Comment \_\_\_\_\_

What is the longest distance you've ever run? \_\_\_\_\_

What is the average pace per mile? \_\_\_\_\_

Have you ever participated in a race? \_\_\_\_\_ What was the distance? \_\_\_\_\_

Are you a **fitness walker**? \_\_\_\_ If yes, how many months/years? \_\_\_\_\_

What does a typical week's walk mileage look like?

Mon. \_\_\_\_ Tues. \_\_\_\_ Wed. \_\_\_\_ Thurs. \_\_\_\_ Fri. \_\_\_\_ Sat. \_\_\_\_ Sun. \_\_\_\_

Comment \_\_\_\_\_

What is your average pace per mile? \_\_\_\_\_

What other sports do you participate in? \_\_\_\_\_

List any orthopedic problems (joint, tendons, arthritis, etc.) \_\_\_\_\_

What are your goals for this program? \_\_\_\_\_

## PAR-Q (Physical Activity Readiness Questionnaire)

For most people physical activity should not pose any problem or hazard. PAR-Q has been designed to identify the small number of adults for whom physical activity might be inappropriate or those who should have medical advice concerning the type of activity most suitable for them.

Common sense is your best guide in answering these few questions. Please read them carefully and check the yes or no opposite the question if it applies to you.

YES NO

1.   Has your doctor ever said you have heart trouble?
2.   Do you frequently have pains in your heart and chest?
3.   Do you often feel faint or have spells of severe dizziness?
4.   Has a doctor ever said your blood pressure was too high?
5.   Has your doctor ever told you that you have a bone or joint problem such as arthritis that has been aggravated by exercise, or might be made worse with exercise?
6.   Is there a good physical reason not mentioned here why you should not follow an activity program even if you wanted to?
7.   Are you over age 65 and not accustomed to vigorous exercise?

### **If you answered YES to one or more questions...**

Talk to your doctor by phone or in person BEFORE you start becoming much more physically active. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her

### **If you answered NO to all questions...**

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can start becoming much more physically active – begin slowly and build up gradually. This is the safest and easiest way to go.

*Source: American College of Sports Medicine & British Columbia Ministry of Health*

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Return with \$80.00 program fee to: The Running Place  
3551 West Chester Pike  
Newtown Square, PA 19073  
610-353-8826 (phone) 610-353-8829 (fax)

# THE RUNNING PLACE



NEWTOWN SQUARE, PA

Waiver/Release

I know that walking and running are potentially hazardous activities. By entering this program, I am taking responsibility for medical clearance and for being physically fit and properly trained to participate in a running program. I agree to abide by any decisions of program officials relative to my ability to safely complete the program. I assume all risks associated with running, but not limited to my own fitness and health condition, falls, contact with other participants, the effects of weather including high heat and/or humidity, traffic, and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act on my behalf, waive and release The Running Place, LLC, its officers and employees, and contractors, and mentor volunteers from all claims or liabilities of any kind arising out of my participation in this event, including without limitation any personal injuries, death or damage to my property which I may incur.

Participant Name \_\_\_\_\_ Date \_\_\_\_\_  
(Please Print)

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_