



# TRAIL RUNNING CLINIC registration

Please return this form to [lyndal@serotoninrunning.com.au](mailto:lyndal@serotoninrunning.com.au)

Payment to be made to Serotonin Running BSB 812170 Account number 100744778

Reference your name

Name: ..... Telephone: .....

Date of birth: ..... Gender: .....

Email address: .....

Emergency contact name: ..... Telephone: .....

Clinic date: .....

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING CONDITIONS? (PLEASE CIRCLE YES OR NO)

Arthritis	Y	N	Heart problems/disease	Y	N
Asthma	Y	N	High Cholesterol	Y	N
Diabetes	Y	N	Stroke	Y	N
Epilepsy	Y	N	High or low blood pressure	Y	N (Please circle high or low)
Osteoporosis	Y	N	Any other conditions? Please describe below		
Dizziness	Y	N	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
Chest pain	Y	N			

DO YOU CURRENTLY HAVE ANY NJURIES THAT MAY INHIBIT YOUR ABILITY TO PARTICIPATE IN THIS CLINIC?

Please outline .....

ARE YOU CURRENTLY TAKING ANY MEDICATION/S?

Y N Please list .....

ARE YOU, OR HAVE YOU RECENTLY BEEN PREGNANT?

Y N If yes, please provide details .....

HAVE YOU BEEN DIAGNOSED AS NEURODIVERGENT OR SUSPECT THAT YOU ARE NEURODIVERGENT?



IF YOU TESTED POSITIVE TO COVID-19 IN THE LAST 6 WEEKS? If so, please provide date that you became ill –

Indemnity

- I understand that it is a requirement to participate in this clinic that I must currently be able to run for 30 to 45 mins. I recognise the difficulties associated with this activity and agree that I am physically fit to participate in this activity for the duration of the clinic
- I understand that trail running can be a dangerous activity and that I will be running on paths, fire trails, stairs, muddy trails, and road crossings.
- I acknowledge that it is a condition of participating in this clinic that I do so at my own risk.
- I acknowledge that participating in this activity may lead to serious injury or even death from various causes such as accidents with surroundings, dehydration, over exertion or equipment failure.

NAME: .....

Signed: ..... Date: .....