

Please describe a typical week for you:

Day	Distance/Duration	Workout (if any)	Notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Number of years running:

Average weekly training mileage:

In the last year:

Last 6 months:

Last 10 weeks:

How much weekly mileage do you think you can handle without feeling overtrained?

Average number of weekly training sessions (# of days running per week):

In the last year:

Last 6 months:

Last 10 weeks:

How many days a week do you think you can train without feeling overtrained?

Do you run twice per day?

If so, how many times per week?

Types of training:

How many "hard" training runs or "specific workouts" do you do each week?

If you run specific workouts, what days of the week do you normally run them?

How many days off, if any, you take each week?

Which day(s)?

On which day do you usually run your long run?

Do you have access to a track?

Do you have access to hills for running?

Strengths/Weaknesses:

What would you consider to be your key strengths as far as talent and training?

Where do you feel you are lacking in talent and in training?

Other exercise:

Please describe in detail any other supplemental types of exercise (biking, swimming, weight training) that you regularly perform as a part of your overall fitness or training program and on which days to you include these exercises:

RACING HISTORY

What do you consider your best racing distance?

What do you think you can run for a 5K or 10K right now?

5K _____ 10K _____

List your ***all-time personal best times*** and the year you ran them for the distances that apply:

Distance	Time	Year	Race Name/Location
Mile/1500m			
2-Mile/3000m			
5K			
10K			
½ Marathon			
Marathon			
Other:			
Other:			
Other:			

If your personal best times from above are more than 5 years old, list your best times in the ***last 12 months***:

Distance	Time	Year	Race Name/Location
Mile/1500m			
2-Mile/3000m			
5K			
10K			
½ Marathon			
Marathon			
Other:			
Other:			

Other:			
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YOUR TRAINING AND RACING GOALS

In the next three months?

In the next six months?

In the next twelve months?

List races of particular interest that you intend to run so I can include them in your program:

Race/Distance _____ Date _____

- 1)
- 2)
- 3)
- 4)
- 5)

Please provide any other information that might be helpful in analyzing your needs and developing a personalized training and racing schedule (i.e., your ability to race; your ability to handle certain types of training; things that have worked well for you in the past, etc.) Also, please include any comments about your long-term running goals:

E-mail this entire questionnaire to:

mpearce@easlewisporte.ca

Agreement to use O2 Running Club
Training Program Service and Waive Liability

I voluntarily choose to utilize the personalized training program services of O2 Running Club in order to improve my training and racing. I understand that the training philosophy of O2 Running Club is to very gradually and scientifically increase my ability to train and race more effectively. I also understand that this training philosophy may create certain potential risks such as abnormalities in my blood pressure, breathing, heart rate, and/or muscular-skeletal system that cannot be predicted with complete accuracy. I understand that I am responsible for monitoring my own condition throughout the training program developed by these personal training program services which I have chosen and agreed to undertake, and should any unusual symptoms or conditions occur, I will immediately cease following the training program and inform my health care provider of the symptoms or condition. In stating that I agree to this agreement and waiver of liability, I acknowledge that I have read this form in its entirety and that I understand the potential risks associated with these personal training program services. I also agree to consult with and obtain written permission from my primary care physician prior to undertaking this new training program. If I do not consult with and obtain permission from my primary care physician, I accept any and all consequences that may result from this inaction on my part. Finally, in consideration for being allowed to participate and choosing to engage in this training program, I agree to assume the risks of such training, and further agree to hold harmless O2 Running Club, it's Executive members and Board of Directors, and all other associations, sanctioning bodies, as well as Volunteers and Organizers from any and all claims, suits, losses, and/or related causes of actions and damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from, these personal training program services.

Returning this questionnaire indicates that you have read, understand and agree to the above Agreement.