



## **39<sup>th</sup> Annual Spring Beginner's Running Clinic and 19<sup>th</sup> Annual Walking Clinic**

Ages 12 and up

Learn to run or walk to live a healthier life style with the River City Runner's & Walkers Club!

**April 6th through June 8th, 2026**

**Meeting at the City Park outside shelter by Pavilion 5:30pm, rain or shine. Finishing up with our  
Graduation race on June 8<sup>th</sup>**

Each session begins with speakers giving short talks on running & walking topics such as proper shoes, effective stretching, appropriate running distances, etc. Scheduled speakers include a coach, cardiologist, nutritionist, shoe expert, physical therapist, massage therapist & chiropractor plus more.

**Come join an exercise program that will "add life to your years & years to your life!"**

Clinic Director, Melissa Wigal and assisted by Corky Skidmore. Many other experienced volunteers will help lead the clinic through ten weeks of training.

**The goal at the end of the ten weeks: 5k (3.1 miles)**

QUESTIONS Melissa Wigal: Email: [melissalwigal@gmail.com](mailto:melissalwigal@gmail.com)

**Fee: \$35.00 per person** includes training schedule and a membership in the River City Runners Club through December 31, 2026.

Make checks payable to: River City Runners & Walkers Club, PO Box 4496, Parkersburg, WV 26104

**There will be a \$25 Service Charge on all returned checks.**

### **Beginner's Clinic Registration form**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Waiver of Liability: In consideration of the acceptance of this application, I hereby for myself, my executors, and administrators, waive any and all claims for damages I may have against the River City Runners & Walkers Club, the City of Parkersburg, the City of Vienna, and sponsors, for any injuries suffered by my in connection with said running and walking sessions and covenant not to sue. The undersigned document serves notice that I have been warned I must be in good health to participate in this clinic. I acknowledge I have read fully understand my own liability and accept the restrictions.

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

Parent's or guardian's signature \_\_\_\_\_



**If you're under 18**  
**Registration form must be brought to the first session**  
**co-signed by a parent or guardian.**

