



## 2009 Participant Registration Form

**YES, I am ready to REGISTER NOW!**

### **Personal Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Phone: Daytime #: \_\_\_\_\_ Evening #: \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ (on race day)

Birth Date: \_\_\_\_\_

Sex:  Male  Female

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about *Team Wellness*: \_\_\_\_\_

Please indicate your (*uni-sex*) T-shirt size:

- Small
- Medium
- Large
- X-Large
- XX Large



## 2009 Participant Information Form

### **Fitness Information**

I am training for:

- LA Marathon (5K: 3.1 miles) – March 20, 2010
- LA Marathon (full marathon: 26.2 miles) – March 21, 2010
- Both the 5K and the full marathon

I am training to:

- Run
- Walk
- Run/Walk
- Walk/Run

Average number of miles I run/walk per week currently: \_\_\_\_\_

Longest run/walk ever: \_\_\_\_\_

Estimated current run/walk time: \_\_\_\_\_ minutes per mile; \_\_\_\_\_ minutes per 5K

Do you participate in additional athletic/sports activities? (If yes, please list)

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Have you ever participated in a distance race?  Yes  No

If yes, what was the length of the race, # times participated, and best time ever?

- |  |                                       |                              |                             |                                      |
|--|---------------------------------------|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Full Marathon | <input type="checkbox"/> 1/2 Marathon | <input type="checkbox"/> 10K | <input type="checkbox"/> 5K | <input type="checkbox"/> other _____ |
| # _____                                | # _____                               | # _____                      | # _____                     | # _____                              |
| best ___h,___m                         | best ___h,___m                        | best ___h,___m               | best ___h,___m              | best ___h,___m                       |

Do you have a specific time goal for this race?  Yes  No

If yes, what is it: \_\_\_\_\_ hours \_\_\_\_\_ minutes

Please list additional information you would want the team leader(s) to know in order to design a personalized training program for your needs:

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## 2009 Participant Information Form

### **Health Information**

Do you experience any of the following health problems (Please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Chronic Illness     | <input type="checkbox"/> Concussion/Seizures         |
| <input type="checkbox"/> High Cholesterol    | <input type="checkbox"/> Fainting                    |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Heat Stroke/Heat Exhaustion |
| <input type="checkbox"/> Heart Problems      | <input type="checkbox"/> Diabetes                    |
| <input type="checkbox"/> Trouble Breathing   | <input type="checkbox"/> Abnormal Bleeding/Bruising  |
| <input type="checkbox"/> Chest Pain          | <input type="checkbox"/> Anemia                      |
| <input type="checkbox"/> Other _____         | <input type="checkbox"/> Other _____                 |

Do you have any allergies?  Yes  No

If yes, please list: \_\_\_\_\_

Do you take any medications?  Yes  No

If yes, please list: \_\_\_\_\_

Are you allergic to any medications?  Yes  No

If yes, please list: \_\_\_\_\_

Have you had any athletic injuries?  Yes  No

If yes, please list: \_\_\_\_\_

Please list additional health concerns/problems the team leader(s) should be aware of during training:

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## 2009 Participant Information Form

### **Participant Waiver and Release**

I understand and agree that there are risks, foreseeable and unpredictable, associated with any exercise program. I am participating in the *Team Wellness* walk/run training program voluntarily and I am aware of these risks and agree that my participation is at my own risk. I certify that I am physically fit and know of no restrictions imposed on me by my own physician or any physician that would in any way prevent me from actively participating in the *Team Wellness* walk/run training program.

I acknowledge that participating in a marathon, half marathon, 10k, 5k or any other length race (hereinafter "Event") is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, death, and property damage. I acknowledge and agree that it is my responsibility to determine whether I am sufficiently fit and healthy enough to safely participate in an Event, and I attest and certify that I am or will be sufficiently fit and physically trained to participate in any Event which I elect to enter. I have no physical or medical condition which would endanger myself or others if I participate in any Event, or would interfere with my ability to safely participate in any Event. I accept responsibility for the condition and adequacy of my competition equipment and my conduct in connection with any Event. I understand and acknowledge the dangers associated with the consumption of alcohol and/or drugs before, during and after any Event and I recognize that consumption of alcohol and/or drugs might impair my judgment and/or motor skills. I assume full responsibility for any injury, loss or damage associated with my consumption of alcohol and/or drugs.

On behalf of myself, my executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might sue on my behalf, I HEREBY WAIVE, RELEASE, and FOREVER DISCHARGE The Wellness Community-West Los Angeles, its officers, directors, employees, agents, volunteers, representatives, successors, and entities, from any and all claims, causes of action, damages, losses (economic and non-economic), and liabilities of every kind (collectively "Claims"), for death, personal injury, or property damage, which may arise out of, result from, or relate to my participation in, or my traveling to or from, the *Team Wellness* walk/run training program and the Event, including but not limited to any Claims for theft, damage to any equipment, negligence, partial or permanent disability, Claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at an Event site or elsewhere), and any Claims for medical or hospital expenses.

I understand that I may be photographed and I give my permission to use my name and/or photograph or video in any broadcast, telecast, internet or print media account of the activities of the *Team Wellness* walk/run training program or any purpose The Wellness Community-West Los Angeles may have in using the like.

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_  
(Or signature of parent/legal guardian, if under age 18)

Parent Name: \_\_\_\_\_  
(please print)



## 2009 Participant Information Form

### Participant Commitment

I will register myself for my race(s) online at [www.lamarathon.com](http://www.lamarathon.com), noted below, and will select in the drop down menu that I am running for The Wellness Community. I understand that filling out this form, fundraising for TWC-WLA and submitting a training fee, if needed, qualifies me as a member of *Team Wellness* and allows access to all training functions. I also understand that there is a fundraising minimum requirement as noted and checked off, below.

- |  |                          |  |
|--|--------------------------|--|
| <input type="checkbox"/> <b>LA Marathon <u>5K</u></b>            | Race Registration:       | \$35, self-register at <a href="http://www.lamarathon.com">www.lamarathon.com</a>  |
| <input type="checkbox"/> <b>LA Marathon <u>Full Marathon</u></b> | Race Registration:       | \$125, self-register at <a href="http://www.lamarathon.com">www.lamarathon.com</a> |
|  | Training Fee (optional): | \$200, payable to TWC-WLA  |
| <input type="checkbox"/> <b>Fundraising Minimum</b>              | <b>\$300.00</b>          |  |

I agree to complete my fundraising in order to participate with *Team Wellness* in the race. I understand that if I do not meet this fundraising commitment by the deadline stated in the fundraising materials, I will be asked to either make up the difference with personal funds or relinquish the opportunity to continue team training for the race.

I understand that should I drop out of the program for any reason or am unable to complete the race, I am responsible for any expenses incurred by The Wellness Community-West Los Angeles on my behalf. Should I drop out of the program for any reason or am unable to complete the race, The Wellness Community-West Los Angeles is not required to refund, return or credit any donations received on my behalf.

Date: \_\_\_\_\_

Participant Name: \_\_\_\_\_  
*(please print)*

Signature: \_\_\_\_\_  
*(Or signature of parent/legal guardian, if under age 18)*

Parent Name: \_\_\_\_\_  
*(please print)*



## 2009 Participant Information Form

Please accept my non-refundable training fee, which will confirm my place in the Club 26.2 training program as a member of TEAM WELLNESS!

Charge my:  Visa  Mastercard  American Express  
 Check enclosed (*please make out to TWC-WLA*)

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Billing City, State, Zip \_\_\_\_\_

Billing Phone \_\_\_\_\_

Name on CC \_\_\_\_\_

Credit Card # \_\_\_\_\_

Signature \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

**Your completed registration form must be received by TWC-WLA  
before your training with *Team Wellness* can begin.**

**Mail completed form & payment to:**

The Wellness Community – West Los Angeles  
Attn: *Team Wellness* Coordinator  
2716 Ocean Park Blvd., Suite 1040, Santa Monica, CA 90405  
310/314-2555

**-- OR --**

**Fax completed form & cc payment to:**

*Team Wellness* Coordinator  
310/314-7586