

TEAM WELLNESS

2008 Participant Information Form

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 shirt size: (ex. Men: 16 ½ 34-35, Women's: Size 10) _____

T-Shirt Size: (*uni-sex*)

Small Medium Large X-Large XX Large

T-Shirt Size: (*fitted running shirt – order one size larger, if you don't want a fitted shirt*)

Small Medium Large X-Large XX Large

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Fitness Information

I am training for:

- City of Angels Half Marathon – December 2, 2007
- Miami Marathon/Half Marathon – January 27, 2008
- Los Angeles Marathon – March 2, 2007

I am training to:

- Run
- Run/Walk
- No Marathon
- Walk
- Walk/Run

I am training to do a:

- 26.2 Mile Race Full Marathon
- 13.1 Mile Race Half Marathon
- No Marathon*

* Not really a race! Come for the fun & fundraising!

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

Longest run/walk ever: _____

Estimated current running/walking time: _____ per Mile _____ per 5K _____ per 10K

Do you participate in additional athletic/sports activities? (Please list) _____

Have you ever participated in a marathon, half marathon or other distance race?

- Yes
- No

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

- Full Marathon
- ½ Marathon
- 10K
- 5K
- 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 Marathon/race? Yes No

If yes, what is it: _____ hours _____ minutes

Please list additional information the trainer(s) will need to know in order to design a personalized training program for your needs:

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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 trainer(s) should be aware of during training:

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Participant Waiver and Release

I understand and agree that there are risks, both foreseeable and unpredictable, associated with any exercise program. I am participating in the *Team Wellness* marathon 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* marathon training program.

I acknowledge that participating in a marathon or half marathon (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* marathon 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* marathon 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)

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Participant Commitment

I have paid the \$100.00 non-refundable registration fee and understand that this fee qualifies me as a member of *Team Wellness* and allows access to all training functions. I understand that there is a fundraising requirement:

For the City of Angels Half Marathon or Los Angeles Marathon:

If you register on or before September 9, 2007 ...the fundraising goal is \$1,600.00
If you register after September 9, 2007 ...the fundraising goal is \$1,900.00

For the ING Miami Marathon or Half Marathon:

If you register on or before September 9, 2007 ...the fundraising goal is \$2,800.00
If you register after September 9, 2007 ...the fundraising goal is \$3,100.00

For all three races:

If you bring a friend who registers ...take \$100 off your fundraising goal
If you are a returning Team Wellness Member ...take \$300 off your fundraising goal

I agree to complete my fundraising in order to travel with *Team Wellness* to the marathon. 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 and travel to the marathon.

I understand that should I drop out of the program for any reason or am unable to complete the marathon, 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 marathon, 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)

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YES, I am ready to REGISTER NOW!

Please accept my non-refundable \$100 registration fee, which will confirm my place on TEAM WELLNESS!

- Charge my: Visa Mastercard American Express
- Check enclosed

Name _____

Billing Address _____

Billing City, State, Zip _____

Billing Phone _____

Name on CC _____

Credit Card # _____

Signature _____

Expiration Date _____ Amount _____

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

Please mail completed form to:

The Wellness Community – WLA
Attn: *Team Wellness* Coordinator
2716 Ocean Park Blvd., Suite 1040
Santa Monica, CA 90405

-- OR --

Fax completed form to:

The Wellness Community – WLA
Attn: *Team Wellness* Coordinator
310/314-7586