



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
- Run/Walk
- 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"/> ½ 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-South Bay Cities, 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-South Bay Cities 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

Charge my:                     Visa             Mastercard             American Express  
 Check enclosed (*please make out to The Wellness Community*)

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-SBC  
before your training with *Team Wellness* can begin.**

**Mail completed form & payment to:**

The Wellness Community – South Bay Cities  
Attn: *Kristin Conforti*  
109 W. Torrance Blvd, Redondo Beach, CA 90277  
310/376-3550

**-- OR --**

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

Attn: Kristin Conforti  
310/372-2094