



TRANSFORM YOUR LIFE!

HALF MARATHON, 5K & RELAY TRAINING TEAMS

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip _____

Date of Birth ____ / ____ / ____

E-Mail _____ Phone Number _____

I am training for...(check one)* ☐ Half Marathon ☐ 5K ☐ Relay

Shirt Size (circle one) YL - S - M - L - XL - XXL (Unisex Technical Shirt)

* Register for the 5K if you are beginning a walking or running program and would like support to accomplish your goal of completing a 5K. Register for the Half Marathon if you have completed a 5K and are interested in taking the next step in your running program.

COST:

\$60:
Half Marathon

\$40:
5K & Relay

*includes race
registration*

SURVEY

How often are you currently running per week? _____

How many miles per week? _____

Have you ever run a race before? _____ If yes, what distance? _____ How long ago? _____

Do you do any other form of exercise/ cross training?

What do you hope to get out of the training program?

Training Team
Sponsored By:



MEDICAL HISTORY

- Y / N**
- ☐ ☐ Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
- ☐ ☐ Do you feel pain in your chest when you do physical activity?
- ☐ ☐ In the past month, have you had chest pain when you are not doing physical activity?
- ☐ ☐ Do you lose your balance because of dizziness or do you ever lose consciousness?
- ☐ ☐ Do you have a bone or joint problem (for example, back, neck, knee, or hip) that could be made worse by a change in your physical activity?
- ☐ ☐ Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- ☐ ☐ Do you know any other reason why you should not do physical activity?

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

PLEASE WRITE ANY OTHER IMPORTANT MEDICAL ISSUES ON THE REVERSE SIDE OF THE FORM

Waiver: In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the Martinsville Half Marathon, 5K & Relay, and do hereby release Activate MHC, the Martinsville-Henry County Family YMCA, all sponsors, adjacent property owners, workers, officials, and volunteers from any claim what so ever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the race committee may refuse or return my entry at its' discretion. I further grant permission to Activate MHC to use any photographs, motion pictures, or other recording of the event for legitimate purposes. In addition, I understand the race will be held rain or shine and there are no refunds. I verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in the event.

Entry Signature _____ Date _____

Parent's Signature (required of entrants under 18) _____ Date _____

Emergency Contact _____ Phone _____