



# APPLICATION & WAIVER

Please complete all information on both sides of sheet.

## PERSONAL DATA

\_\_\_\_\_
First Name Last Name

M F M M D D Y Y Y Y
Gender Date of Birth Age

\_\_\_\_\_
Address

\_\_\_\_\_
City Zip

\_\_\_\_\_
Home Phone Mobile Phone

\_\_\_\_\_
Emergency Contact Name Emergency Contact Phone

\_\_\_\_\_
E-mail Address

Shirt Size:
Male | Female
XS | S | M | L | XL | XXL
Distance to Participate
Runner | Walker
Marathon | 1/2 Marathon
Estimated Training Pace
: min/mi

## REGISTRATION

Fees..... \$120.00

\$
(Checks payable to Seattle Walk Run)
Amount Paid. Sorry, no refunds.

## CERTIFICATION OF MEDICAL CONDITIONS

I understand that prior to participating in a Seattle Walk Run Training Program, I should consult with a doctor. I also understand that anyone beginning an exercise program for the first time, or restarting an exercise program after a period of inactivity, must consult a doctor before participating in a Seattle Walk Run Training Program. Further, anyone who conforms to any one of the following criteria must consult a doctor and receive written permission from that doctor before participating in a Seattle Walk Run Training Program:

- 1. Over the age of 60 and not accustomed to vigorous exercise;
2. Have a family history of premature (i.e., under 55 years of age) coronary artery disease;
3. Frequently have pains or pressure in the left or mid-chest area, neck, shoulder, or arm during or immediately after exercise;
4. Often feel faint or have spells of severe dizziness, or experience extreme breathlessness after mild exertion;
5. A doctor has said that you have heart trouble, that you have a heart murmur, or that you have had a heart attack.
6. A doctor has said that you have bone or joint problems; or
7. Have a medical condition not mentioned here that might need special attention during an exercise program (ex., insulin-dependent diabetes).

I do hereby further certify and declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my attendance at, participation in and/or receipt or following of instructions or recommendations in connection with a Seattle Walk Run Training Program. I do hereby acknowledge that I have been informed of the need to consult with a doctor before participating in a Seattle Walk Run Training Program. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and/or consultation with my physician as to physical activity, exercise programs, and participation in a Seattle Walk Run Training Program so that I might have his/her recommendations concerning those exercise programs and any nutritional programs. I acknowledge that I have either had a physical examination and been given my medical practitioner's permission to participate in a Seattle Walk Run Training Program or that I have decided to participate in a Seattle Walk Run Training Program without the approval of my physician and do hereby assume, subject only to the statutory rights and implied warranties which by law cannot be excluded, all responsibility for my participation in a Seattle Walk Run Training Program.

Signature of Participant Date

IF PARTICIPANT IS UNDER AGE 18: I am the parent or legal guardian of the Applicant, a minor, who has signed this form. I have READ, and AGREE to, and CONFIRM the accuracy of, the above Certification of Medical Condition with respect to the minor's medical condition as condition for participation in the Training Program of the above-signed Applicant. I hereby represent and warrant that I am the Parent or Guardian of the Applicant and have the capacity to sign all of the documents required for acceptance of the minor's application for the Training Program.

Signature of Parent or Guardian (if applicant under 18) Date

