

# MARTINSVILLE HALF MARATHON & 5K 10 YEARS RUNNING



**Martinsville**  
HENRY COUNTY VIRGINIA

April 4 - 2020

**HALF MARATHON TRAINING BEGINS JANUARY 18**

**5K TRAINING BEGINS FEBRUARY 15**

- WHEN:** Saturdays at 7:00 AM
- WHERE:** Martinsville YMCA or Locations TBD
- FEE:** \$10 for the Half Marathon Group  
\$10 for the 5K
- AGE:** 12+
- INCLUDES:** Training Shirt  
Weekly Topics and Run  
Training Schedule  
Plenty of Support and Encouragement!  
**33% OFF Race Entry Fee!!!**

**Never ran a 5K or Half Marathon?  
THAT'S OK! WE BELIEVE  
IN YOU AND KNOW  
YOU CAN DO IT!**

Contact [brad@martinsvilleyymca.com](mailto:brad@martinsvilleyymca.com) or call 276-632-6427 for more information, or stop by the Y.

**Title Sponsors:**



GARDNER | BARROW  
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ATTORNEYS FOR THE INJURED & DISABLED



**Presented By:**



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## HALF MARATHON & 5K TRAINING TEAMS

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

**COST: \$10**

Street Address \_\_\_\_\_

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

Half Marathon

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

5K

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

Shirt Size (circle one) YL - S - M - L - XL - XXL (Unisex Long Sleeve 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.

### 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?

Do you need child watch during training?

### 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?



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**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 and 5K and do hereby release 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 the YMCA 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 \_\_\_\_\_

www.milesinmartinsville.com

brad@martinsvilleymca.com

276-632-6427