



# MARTINSVILLE

## HALF MARATHON, 5K & RELAY

BELIEVE AND ACHIEVE

### 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 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.

**COST:**

**\$65:**  
Half Marathon

**\$45:**  
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?  
\_\_\_\_\_

#### 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?

Training Team  Sponsored By: 

**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 \_\_\_\_\_