

USA FIT 2010 REGISTRATION FORM

Please PRINT legibly • Fill out and sign both forms • **Make checks payable to USA FIT**

**New Members = \$125 • Previous Members = \$100
\$10 discount (\$115 and \$90) if registration received/postmarked by March 19, 2009.**

**Mail Registration and Payment To:
USA FIT • 7720 SE 32nd Ave • Portland, OR • 97202**

Portland Fit Vancouver Fit (Please choose the one you will be attending most often, but you are welcome at both)

New Member (\$115 early/\$125 late) Returning Member (\$90 early/\$100 late) Amount Paid: _____

LAST NAME _____ FIRST NAME _____
MAILING ADDRESS _____ PHONE (DAY) _____
_____ PHONE (EVE.) _____
_____ Male Female
Age _____
EMAIL _____ T-shirt Size (unisex) S M L XL XXL

HOW DID YOU HEAR ABOUT PORTLAND/VANCOUVER FIT? (Please circle all that apply)

- | | | |
|------------------------|-----------------------------|--------------------------------|
| 1. I'm a former member | 4. From a newspaper article | 7. From a website – which one? |
| 2. From a newspaper ad | 5. From an acquaintance | 8. From a flyer – where? |
| 3. From the radio | 6. From a store – where? | 9. Other – where? |

VERY IMPORTANT -- ALL PARTICIPANTS MUST READ AND SIGN!

In consideration for the acceptance by USA FIT of my application for entry to the Marathon Training Program of USA Fit (the "Training Program"), and other good and valuable consideration relating to the Training Program, the sufficiency of which I hereby acknowledge, I hereby agree as follows:

- Acknowledgement.** I acknowledge and agree that USA Fit, its employees, independent contractors, agents, representatives, volunteers and sponsors cannot assure my safety during participation in the Marathon Training Program. I acknowledge and agree that participation in the Marathon Training Program exposes me to risks including, but not limited to, running related injury, traffic and the detrimental effects of heat and pollution.
- RELEASE OF CLAIMS.** I, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNEES HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE AND HOLD HARMLESS USA FIT, THEIR EMPLOYEES, INDEPENDENT CONTRACTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, SUCCESSORS AND ASSIGNS ("THE USA FIT PARTIES") OF AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS AND CAUSES OF ACTION, WHETHER IN LAW OR EQUITY, IN RESPECT OF DEATH, INJURY, LOSS OR DAMAGE TO MY PERSON OR PROPERTY, HOWSOEVER CAUSED, ARISING OUT OF, BY REASON OF, OR DURING MY ATTENDANCE AT OR PARTICIPATION IN THE TRAINING PROGRAM, WHETHER AS A SPECTATOR, PARTICIPANT OR OTHERWISE (ALL OF THE FOREGOING REFERRED TO HEREFTER AS THE "CLAIMS"), WHETHER OR NOT THE CLAIMS RESULT FROM MY FOLLOWING ANY PROGRAM OF DIET AND/OR EXERCISE ON THE RECOMMENDATION OF ANY OF THE USA FIT PARTIES, WHETHER SUCH CLAIM ARISES OUT OF EVENTS PRIOR TO, DURING OR SUBSEQUENT TO SAID ATTENDANCE OR PARTICIPATION, EVEN IF SUCH CLAIMS WERE CAUSED BY, CONTRIBUTED TO, OR OCCASIONED BY THE NEGLIGENCE, FAULT OR OTHER CONDUCT OF THE USA FIT PARTIES.

SIGNATURE OF APPLICANT

DATE

I am the parent or legal guardian of the Applicant, a minor, who has signed the RELEASE AND WAIVER. I have read the RELEASE AND WAIVER and hereby agree and consent to all of the terms and conditions thereof including the RELEASE OF CLAIMS. I hereby further certify, acknowledge and agree that, in conjunction with the Training Program, I will directly supervise the Applicant during his or her participation in the Training Program.

PARENT OR GUARDIAN SIGNATURE IF UNDER 18

DATE

Important:

All Participants Must Read and Sign!

Certification Regarding Medical Condition

Anyone beginning an exercise program for the first time, or restarting an exercise program after a period of inactivity, must consult a doctor before starting the marathon training program.

Further, anyone who conforms to any of the following criteria must consult a doctor before training and have periodic check-ups throughout the marathon training program.

1. You are over age 60 and not accustomed to vigorous exercise.
2. You have a family history of premature (i.e., under 55 years of age) coronary artery disease.
3. You frequently have pains or pressure in the left- or mid-chest area, neck, shoulder, or arm during or immediately after exercise.
4. You often feel faint or have spells of severe dizziness, or you experience extreme breathlessness after mild exertion.
5. Your doctor has said your blood pressure is too high and is not under control, or you do not know if your blood pressure is normal.
6. Your doctor has said you have heart trouble, that you have a heart murmur, or that you have had a heart attack.
7. Your doctor has said you have bone or joint problems.
8. You have a medical condition not mentioned here that might need special attention during an exercise program (i.e., insulin-dependent diabetes, exercise-induced asthma).

By my signature I certify that I have read and understand the above information. I have doctor's approval, or will consult with one before beginning the training program, if the above information indicates that I should. Also, I will inform my coach(es) of any medical conditions.

Signature

Date

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 Regarding 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 capacity to sign all of the documents required for acceptance of the minor's application for the Training Program.

PARENT OR GUARDIAN SIGNATURE IF UNDER 18

DATE