

Elijah Running Club Registration Form

Marathon/Half Marathon Training Program



Empowering People through
Faith and Fitness

Please Print

Name: _____

Address: _____

City, State, Zip: _____

Day Phone: () _____

Gender: Male Female

How often do you run? 3+ Times/ Week

1-3 Times/ Week

None

How often do you exercise? 3+ Times/Week

1-3 Times/ Week

None

Email (required): _____

Eve Phone: () _____

Birth Date: _____

Medical Profile

Have you ever experienced any of the following conditions?

<i>Asthma</i>	Yes	No	<i>Heart Complications</i>	Yes	No	Other: _____
<i>Allergies</i>	Yes	No	<i>Epilepsy/Fainting</i>	Yes	No	_____
<i>Diabetes</i>	Yes	No	<i>High Blood Pressure</i>	Yes	No	_____
<i>Migraines</i>	Yes	No	<i>Respiratory Complications</i>	Yes	No	
<i>Injuries</i>	Yes	No	<i>Sprains/Broken Bones</i>	Yes	No	

Do you have any pre-existing injuries or medical conditions currently being treated? Yes No

If so, please explain: _____

Are you currently taking any medication? Yes No Explain: _____

Do you understand that Elijah Running Club nor its affiliates are medical doctors and will not take the place of your physician's opinion? Yes No

Registration Costs *\$25 Discount if you register by December 31st!

- _____ \$160 First-time ERC Marathon Training Participants
- _____ \$135 Previous ERC Marathon Training Participants
- _____ \$100 Half Marathon Training Participants

Please FAX your completed Registration Form toll-free to 877-846-3597

PayPal Payment Transaction ID: _____ **Date Paid** _____

NO REFUNDS or PRORATIONS will be issued for any reason, including injury, after the first class begins. Registrations are not transferrable. Registration fees must be paid in full before the start of the program. Entry fees to the Bank of America Chicago Marathon or other Races are NOT included with the Elijah Running Club registration cost. You must be 18 years of age or older to participate in the Elijah Running Club marathon training program.

Applicant's Signature _____ **Date** _____

WAIVER

I do hereby, for myself, heirs and personal representatives, release and discharge Elijah Running Club, Bank of America, Bank of America Chicago Marathon, Rock-n-Roll Half Marathon, Chicago Park District, Dick Pond Athletics, and their affiliates, agents, officers, employees, directors, successors, assignees and all other persons connected with this program, from any and all liabilities on account of any injury, death or damage growing out of my participation, whether caused by their negligence or otherwise.

I hereby grant full permission to any and all the foregoing to use any photographs, motion pictures, recordings or any other record of this program for any legitimate purpose, without monetary payment to me. I am physically fit and sufficiently trained to participate in this program and recognize the risks involved, and intend by this release to assume full responsibility for anything that might happen to me. I am responsible for my personal health (before, during or after "said" program) as a result of participating in the Elijah Running Club training or any race.

Applicant's Signature _____ **Date** _____