

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

How did hear about us? ERC Alumni

Friend

ERC Email

Other

Medical Profile

Have you ever experienced any of the following conditions?

<i>Asthma</i>	Yes	No	<i>Heart Complications</i>	Yes	No	<i>Other:</i>
<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

_____ \$120	Feb-Aug ERC Half Marathon Training Participants	ERC Alumni Referrals: _____
_____ \$160	Feb-Oct ERC Full Marathon Training Participants	_____
_____ \$135	Returning ERC Full Marathon Training Participants	_____

New Participant Referred by ERC Alumni _____ **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, Rock n' Roll Half Marathon or other Races are NOT included with the Elijah Running Club training registration cost.** You must be 16 years of age or older to participate in the Elijah Running Club marathon training program.

WAIVER

I do hereby, for myself, heirs & personal representatives, release and discharge Elijah Running Club, Bank of America Chicago Marathon, Rock n' Roll Chicago Half Marathon, Chicago Park District, Dick Pond Athletics, & their affiliates, agents, officers, employees, directors, successors, assignees and all other persons connected with this Program, from any & all liabilities on account of an 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 _____

Fax this registration form to 877-846-3597 or email to info@elijahrunningclub.org