



R3 Running Racing Relaxing
2535 Madison St STE H
Clarksville, TN 37040
931-233-1808

www.running-racing-relaxing.com

1/2 Marathon Participant Information Sheet

NAME: _____ **PHONE:** _____

ADDRESS: _____

EMAIL: _____

GENDER: M / F **AGE:** _____ **SHIRT SIZE:** _____

-AREA OF CLARKSVILLE YOU RESIDE: (circle one)

Northeast Southeast Southwest Downtown

-How many miles/days per week are you currently running? _____ / _____

-How long is your "long" run each week? _____

-BEST Day and Time to run: List the time underneath the day.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

-Have you ever completed a half marathon before? _____

-What is your goal for this half marathon? Time _____ **Just to Finish** _____

-Is there anything we need to know about you to help you reach your goal?

-List any road races and dates you plan to run between now and the scheduled half marathon.

**R3 1/2 Marathon Training Program
Informed Consent Form
Liability Waiver**



I, _____, have enrolled in the 1/2 Marathon Training Program offered through R3 Running Racing Relaxing. I recognize that the program involves physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by R3 Running Racing Relaxing or Sagelle, LLC.

In consideration of my participation in this program, I, _____, hereby release R3 Running Racing Relaxing or Sagelle, LLC and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment.

I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release R3 Running Racing Relaxing and Sagelle, LLC, from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, ligament strains, broken bones, shin splints, heat prostration (heat exhaustion), injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death.

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Participant Signature

Date

Witness Signature

Date

Witness Name



Medical Clearance Form

Dear Doctor

Your patient, _____ wishes to take part in the ½ marathon training program. The exercise program will include a cardiovascular program which will increase in duration and intensity over a 16 week period of time. The program will consist of walking, jogging, running, flexibility exercises and possibly, progressive resistance training.

After completing a readiness questionnaire and discussing their medical condition(s) we agreed to seek your advice in setting limitations to their program. By completing this form, you are not assuming any responsibility for our exercise program. Please identify any recommendations or restrictions for your patient's fitness program below (Physician's Recommendations).

Patient's Consent and Authorization

I consent to and authorize _____ to release to R3 Running Racing Relaxing and Sagelle, LLC health information concerning my ability to participate in an exercise program and/or fitness assessment. I understand this consent is revocable except to the extent action has already been taken. Authorization is not valid beyond one year from date of signature. Further disclosure or release of my health information is prohibited without specific written consent of person to whom it pertains.

Member's Signature _____	Date _____
Trainer's Signature _____	Date _____

Physician's Recommendations

<input type="checkbox"/>	I am not aware of any contraindications toward participation in a fitness program.
<input type="checkbox"/>	I believe the applicant can participate, but urge caution because:
<input type="checkbox"/>	The applicant should not engage in the following activities:
<input type="checkbox"/>	I recommend the applicant not participate in the above fitness program.

Physician's Signature	Date:
Physician's Name (print)	Phone:
Address	City State & Zip