

Okay to photocopy. One person per form. Waivers must be signed. Payment in full must accompany sign-up form.

Program Sign-up Fees: (Per person. Check appropriate box)

New Member: On or Before July 1 \$90 After July 1 \$110 **Fit Alumni:** On or Before July 1 \$70 After July 1 \$90 Member Year(s) _____

I'm mostly interested in training for: Full Marathon Half Marathon Neither, I just want to get in great shape!

How did you learn about this program? _____

First Name _____ Last Name _____
 Address _____

City _____ State _____ Zip Code _____

Email Address _____

M F Age D.O.B. (MM/DD/YY) Day Phone No. W/Area Code T-shirt Size (circle one - adult sized, technical fabric, short-sleeve T-shirt)
 _____ XS S M L XL XXL

OCCUPATION _____ EMPLOYER _____

RELEASE AND WAIVER: MUST BE SIGNED

In consideration of the acceptance by In Motion, Inc. for entry to the Marathon and Half Marathon Training Program In Motion Fit and other good and valuable consideration relating to the Training Program, the sufficiency of which I hereby acknowledge, I hereby agree as follows:

I acknowledge and agree that In Motion, Inc., its employees, independent contractors, agents, representatives, volunteers and sponsors can not assume my safety during participation in the Training Program. I acknowledge and agree that participation in the Training Program exposes me to risks including, but not limited to, running-related injury, traffic and detrimental effects of heat and pollution.

I, for myself, my heirs, executors, administrators, successors and assignees hereby release, forever discharge and hold harmless, In Motion, Inc., their employees, independent contractors, agents, representatives, volunteers, sponsors, successors and assignees, ("the In Motion, Inc. parties") of and from all claims, demands, damages, costs, expenses, actions, and causes of actions, 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 hereafter as the "claims"), whether or not the claims result from my following any programs of diet and/or exercise on the recommendation of any of the In Motion, Inc., 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 In Motion, Inc., parties.

I grant full permission to any and all of the foregoing to use my name, my voice, and my picture in any broadcast, telecast, advertising, promotion or other account of this event for any purpose whatsoever.

Participant's Signature _____ Date _____

IF APPLICANT IS UNDER AGE 18: I am the parent or legal guardian of the Applicant, a minor, who has signed this form. I have read, and agree to, the release and waiver, and the certification regarding medical condition. 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 applicant under age 18) _____ Date _____

CERTIFICATION REGARDING MEDICAL CONDITION

All participants must read and sign.

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 training program.

Furthermore, anyone who conforms to any of the following criteria must consult a doctor before training:

1. You are over the age of 60 and not accustomed to vigorous exercise.
2. You have a family history of premature (i.e., under age 55) coronary artery disease.
3. You frequently have pains or pressure in the left or midchest 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 needs special attention during an exercise program (i.e., insulin-dependent diabetes).

By my signature I certify that I have read and understand the above, I have doctor's approval, or will consult with one before beginning the training program, if the above information indicates that I should.

Participant's Signature _____ Date _____

For Official Use Only Carlsbad Mission Bay
Amount Paid: \$ _____
Payment Type: Cash Check Credit Card
Training Group:
Marathon: Blue Yellow Red
Half Marathon: Orange Green Purple