



## Get Fit Atlanta Registration Form 2011-2012

<b>Full Name</b>							
<b>Address</b>							
		City	ST	Zip			
<b>Email:</b>							
<b>DOB</b>		<b>Age</b>		<b>M/F</b>		<b>Shirt Size</b>	XS S M L XL XXL
<b>Phone:</b>	Cell	Work			Home		
<b>Emergency Contact:</b>		<b>Full Name:</b>					
Phone		Alt Phone:			Relationship:		
<b>10k, Half, Full, Triathlon</b>		MPH Pace: (approx) _____ Walk / Run / or Both _____			<b>Cobb, Decatur, Kennesaw or All</b>		

**Marathon / Half Marathon / 10k New Members:** April 2011- April 2012: \$189  
 Returning Member: \$144 (April Only) All: July 1-April 2012: \$169 / October 1-April 2012: \$134 / January 1-April 2012: \$99

**Triathlon New Members:** April 2011- April 2012: \$319  
 Returning Member: \$288 (April Only) All: July 1-April 2012: \$249 / October 1-April 2012: \$174 / January 1-April 2012: \$124

**We do not sell /share our participant information to other parties. IMPORTANT - READ CAREFULLY & SIGN. WAIVER/RELEASE OF LIABILITY & CLAIMS.**  
 In consideration of acceptance by Get Fit Atlanta ('GFA') &/or Dana Greene of my application for entry into the GFA 10k, Half, Full Marathon, Triathlon and /or Ultra Training Programs ('Training Program'), & other good & valuable consideration relating to the Training Program, the receipt & sufficiency of which is hereby acknowledged; the undersigned (here in after 'I') represent & agree as follows: I acknowledge & agree that GFA &/or Silver Comet Races &/or Dana Greene, USAT, USATF, Kroger & their subsidiaries, affiliates, & their respective coaches, employees, independent contractors, agents, representatives, volunteers, sponsors, successors & assigns (here in after 'The GFA Parties') cannot assure my safety during participation in the Training Program & that participation is a potentially hazardous activity & I assume ALL risks associated with participation in the Training Program including but not limited to any running, walking, cycling, swimming related injury; falls, traffic, effects of weather; including heat, humidity, cold, pollution, terrain, accidents, hazards, contact with other participants; ALL such risks being known & appreciated by me. For myself & for my personal representatives, heirs, next of kin, executors, administrators, successors & assignees; I hereby agree, release waive & forever discharge The GFA Parties from any & all liability; & hold harmless & waive any & all claims, demands, damages, costs, expenses, actions & causes of action which might be stated against; whether in law or equity; as a result of any injury, including death; any loss or any damage to my person or property, howsoever caused, arising out of, by reason of, or during my travel to or from; attendance at; or participation in The Training Program whether as a spectator, participant or otherwise (all of the foregoing referred to here after as the 'Claims') whether or not the Claims result from my following any program of diet &/or exercise on the recommendation of any of The GFA Parties, whether such claims arise out of events prior to, associated with, during or subsequent to said attendance or participation in The Training Program, even if such claims were caused by, contributed to or occasioned by the negligence, fault or other conduct, whether foreseen or un-foreseen, of The GFA Parties. I agree to indemnify & hold The GFA Parties harmless from any & all liability, expense, loss & damage; & to provide a defense or to reimburse any cost that The GFA Parties may incur if providing its own defense (including but not limited to reasonable attorneys fees & costs) in connection with any claims against The GFA Parties. I further agree that The GFA Parties may subsequently use for publicity & promotional purposes my name, likeness, photograph, video tape &/or any other recording of my participation in the Training Program. I acknowledge & understand that registration fees are Non-Refundable. I consent to & permit emergency treatment, medical or otherwise, in the event of illness or injury to myself & I further release The GFA Parties from any claim whatsoever on account of first aid, treatment or service rendered me during my participation in the Training Program. I understand that at GFA Parties' discretion, my membership in the Training Program may be denied or terminated at any time, for any reason, with No Refund. I hereby affirm that I am 18 years of age or older, & I realize that above representations are contractual & not mere recital. I HAVE CAREFULLY READ THE RELEASE ABOVE & HAVE FULLY INFORMED MYSELF OF & UNDERSTAND ITS CONTENTS & SIGN IT OF FREE WILL WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### GFA USE ONLY:

<b>LOCATION:</b>	<b>COBB</b>	<b>DECATUR</b>	<b>KENNESAW</b>	<b>ACS</b>				
<b>GROUP</b>	RED	BLUE	ORANGE	YELLOW	PURPLE	GREEN	10K/GOLD	TRIATHLON
<b>REGISTRATION INFO:</b>	\$	ONLINE	CASH	Check #	BPRC CC	GFA Initials:		
Fill in Amt & Circle Method								

**NOTES:**

## Physical Activity Readiness Questionnaire

Height \_\_\_\_\_ Weight \_\_\_\_\_ Do you: WALK or RUN or BOTH or NO If So - How often? \_\_\_\_\_  
 BIKE? Yes / No SWIM? Yes / No Other? \_\_\_\_\_  
 What made you decide to join GFA / embark on an exercise Program at this time? \_\_\_\_\_  
 Do you think you need to lose weight? Yes / No \_\_\_\_\_  
 Do you think you need to examine your diet? Yes / No \_\_\_\_\_

What are your goals with GFA?  
 \_\_\_\_\_

Why is this goal important to you?  
 \_\_\_\_\_

Do you know of any reason you should not exercise or increase your physical activity?  
 \_\_\_\_\_

### Please check all that apply to you:

#### Personal Medical History (current or past):

- heart attack/failure/surgery/transplant
- heart disease (congenital/valve)
- heart murmur
- coronary angioplasty (PTCA)
- cardiac catheterization
- defibrillatory/rhythm disturbance
- pacemaker-implantable cardiac
- stroke
- epilepsy or seizures
- anemia
- obesity

#### Other Health Issues (current or past):

- you experience chest discomfort with exertion
- you experience unreasonable breathlessness
- you experience dizziness/fainting/blackouts
- you have MS
- anorexia &/or bulimia
- depression
- diabetes
- asthma, wheezing or other lung disease
- burning or cramping in your lower legs
- musculoskeletal problems

- bone or joint problems
- stress fractures
- thyroid problems
- you are pregnant
- you have concerns about the safety of exercise
- recent illness, hospitalization or surgery (note in comments)
- you have allergies or drug allergies (note in comments)
- prescription medications (note in comments)

#### Cardiovascular risk factors:

- you are a man older than 45 years
- you are a woman older than 55 years, have had a hysterectomy, or are postmenopausal
- you smoke, or quit within the last 6 months
- high blood pressure/hypertension ( > 140/90 )
- you do not know your blood pressure
- you take blood pressure medication
- blood cholesterol level is high ( > 200 mg/dl )
- you do not know your blood cholesterol level
- have a blood relative who had a heart attack/heart surgery before age 55 (father / brother) or age 65 (mother / sister)
- you are physically inactive (**ie, you get < 30 minutes of physical activity on at least 3 days/week**)
- you are > 20 pounds overweight

**Comments:** The following should be answered completely & truthfully - Please list the following:

**Prescription Medications:** \_\_\_\_\_

**Recent Illness, Hospitalization or Surgery:** \_\_\_\_\_

**Allergies / Drug Allergies:** \_\_\_\_\_

**Any other comments:** \_\_\_\_\_

#### Notice & Assessment:

If you (the registrant) are beginning or restarting an exercise program after a period of inactivity, you should consult a physician before starting the Get Fit Atlanta © training programs. If you conform to (can answer yes to) any of the above listed criteria, you should consult a physician before training and have periodic check-ups throughout the training season. Further, if you conform to (can answer yes to) any TWO of the above questions, you should obtain authorization from your physician before you begin the Get Fit Atlanta© training program and become more physically active. If you honestly answered no to all questions, you can be reasonably positive that you can safely increase your level of physical activity gradually.

#### Waiver

By my signature I certify that I have read and understand and truthfully answered the above information. I have been informed that I should consult with my physician before beginning the Get Fit Atlanta© training program and should obtain doctor approval if indicated. I will inform my coach(es) of ANY medical condition, medication or change that may affect my health and ability to safely participate in the Get Fit Atlanta© training program. By signing this document, I also acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my wellbeing, or health in any way. I hold harmless of any responsibility all Get Fit Atlanta LLC parties as listed on my registration.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Informed Consent** By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise, which can enhance the musculoskeletal and cardio respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcome.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I understand that all information included herein will not be shared with anyone except my direct Get Fit Atlanta Coaching Team or medical personal in case of an emergency. I give my permission for the above information, my emergency contact information, my contact information and my e-mail address to be shared with my individual group head coach and immediate coaching team.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness** \_\_\_\_\_