



Half Marathon Registration

Name: _____ Age: _____
Address: _____ Best Phone: _____
City/State/Zip: _____
Email: _____ Cell Phone: _____
Emergency Contact Person: _____
Emergency phone: _____ Relationship to emergency contact: _____
T-Shirt size: _____

Have you ever run a half marathon? Yes No If Yes, how many approximately and best time? _____

Do you have a friend or training partner you're participating with? Yes No

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 cardiorespiratory 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 Matthew T. Young and Tracey Suppa Todd. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signature: _____ Date: ___/___/___

There are no refunds: Please mail completed form and consent to: Matt Young, 18 Sherwood Circle, Hurricane, WV 25526. Registration fee of \$100 **payable to Genesis Running, LLC**

Questions? Email matt@wvrcoach.com or call 304.549.4149.