



# TEAM EKI

2011 Registration Form

## REGISTRANT INFORMATION

Last Name		First Name			
Address			Apartment/Unit #		
City		Prov.		Postal Code	
Home Phone		Cell Phone			
E-mail Address					
Date of Birth		Gender M F			
T-shirt Size:					
Small		Large			
Medium		Extra Large			

## HALF MARATHON TRAINING PROGRAM

\$100 - Training Program only		CASH	
\$175 - Training Program + entry fees to the Scotia Waterfront Half- Marathon		CHEQUE (MAKE CHEQUES PAYABLE TO <b>EQUIP KIDS INTERNATIONAL</b> )	
Mail cheques and registration forms to: 1361 Edwards Court, Oakville, ON, L6H 3H7			

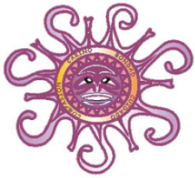
**Cancellation Policy:** For cancellations received on or before June 5, 2011 full program fees will be refunded. No refunds will be issued for cancellations received after June 5, 2011.

**\*\* Race Entry Fees are Non-Refundable \*\***

## RELEASE AND WAIVER

In consideration of the acceptance by Equip KIDS International/Team EKI of my application for entry to the training program(s) of Equip KIDS International/Team EKI (the "Training Program"), and other good and valuable consideration relating the Training Program, the sufficiency of which I hereby acknowledge, I hereby agree as follows: 1. Acknowledgement. I acknowledge and agree that Equip KIDS International/Team EKI, its employees, independent contractors, agents, representatives, volunteers and sponsors cannot assure 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 the detrimental effects of heat and pollution. 2. Release of Claims. I, for myself, my heirs, executors, administrators, successors and assignees hereby release, waive and forever discharge and hold harmless Equip KIDS International, their employees, independent contractors, agents, representatives, volunteers, sponsors, successors and assigns ("The Equip KIDS International/Team EKI parties") of and from all claims, demands, damages, costs, expenses, actions and causes of action, 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 program of diet and/or exercise on the recommendation of any of the Equip KIDS International/Team EKI 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 Equip KIDS International/Team EKI parties.

Signature		Date	
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# TEAM EKI

## MEDICAL RELEASE FORM

### IMPORTANT! ALL TEAM EKI MEMBERS 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. Further, anyone who conforms to any one of the following criteria must consult a doctor before training:

1. You are over age 60 and not accustomed to vigorous exercise.
2. You have a family history of premature coronary artery disease, i.e. under 55 years of age.
3. You frequently have pains or pressure in the left of mid-chest 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 might need special attention during an exercise program, i.e. insulin-dependent diabetes.
9. Are pregnant or think you might be.

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

Name (Print):		Signature:		Date	
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## EMERGENCY CONTACT INFORMATION

1 - NAME		PHONE NUMBER	
2 - NAME		PHONE NUMBER	