



1st Marathon

**2733 N. Power Rd. Suite 102
PMB 300
Mesa, AZ 85215
480 358-0488 .
www.1stmarathon.com**

Mail – In Registration / and Hold Harmless Waiver

Name _____
Address _____
E-mail _____
Day Phone _____
Night Phone _____

Age _____ Weight _____ Height _____

Current Fitness Activities:

History of any heart conditions? Yes___ No___
History of high blood pressure? Yes___ No___
History of high resting heart rate? Yes___ No___
Diabetic? Yes___ No___
Asthma? Yes___ No___

If you answered “Yes” to any of the above or have any other condition that we should be aware of please explain below:

By my signature below, I hereby recognize and acknowledge that ACHIEVE Fitness (which extends to include all programs under this legal name, including 1st Marathon, 1st Triathlon) and all of its employees, associates and officials do not carry any special health and/or hospital insurance that would sustain any accidental injury while participating in any of ACHIEVE’s training programs. I hereby assume all risks and possible costs associated with ACHIEVE’s proposed training programs, and further, I do for myself, my heirs, and personal representatives hereby defend, hold-harmless, indemnify, release and forever discharge all of ACHIEVE’s officers, agents, and employees from and against any and all claims, demands, and actions, or causes of action, on account of damage to personal property, personal injury, or death which may result from my participation, and which result from causes beyond the control of, and with or without fault or with or without negligence of ACHIEVE, its officers, agents or employees, during the period of my participation as aforesaid. By signing below I hereby acknowledge that I have carefully read and understand completely the above agreement. I further acknowledge that this document has been verbally explained to me. My signature below certifies that I agree to be bound by the following conditions before, while and after participating in any of ACHIEVE’s programs. No refunds – but payment pays until you accomplish your goal of completing a marathon or half marathon!

Signature of Participant: X. _____ Date _____

Payment: Check Number: _____ Training Program Name: _____
New Participant Fee ~ 1st Marathon - \$200.00

Corporate Rate - \$149.00 (5 or more people from a Corporation or Organization) _____ group
Shirt Size: Small - Med – Large – Extra Large