



# 1<sup>st</sup> Marathon ~Syracuse~

9 4 0 3 S t e a m s h i p M a n h a t t a n  
B r e w e r t o n , N Y 1 3 0 2 9  
w w w . 1 s t m a r a t h o n . c o m  
4 8 0 - 5 4 3 - 0 0 0 8

## Mail – In Registration / and Hold Harmless Waiver

Name \_\_\_\_\_  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
\_\_\_\_\_ Day Phone \_\_\_\_\_  
\_\_\_\_\_ Night Phone \_\_\_\_\_

Age \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

Current Fitness Activities:

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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:

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By my signature below, I hereby recognize and acknowledge that ACHIEVE Fitness (which extends to include all programs under this legal name, including 1<sup>st</sup> Marathon, 1<sup>st</sup> 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: \_\_\_\_\_ Event Training  
For: \_\_\_\_\_

**New Participant Fee ~ 1<sup>st</sup> Marathon - \$275.00**  
**Alumni Fee ~ 1<sup>st</sup> Marathon - \$250.00**

Have done program with us previously ?

If yes, indicate which Program and Year: \_\_\_\_\_

Corporate Rate - \$250.00 (5 or more people from a Corporation or Organization) \_\_\_\_\_ group

Shirt Size: Sm - Med – Large – Extra Large