



09.30.17 & 10.01.17 DOWNTOWN LAWTON, OK •
HALF MARATHON / QUARTER MARATHON / 5K / KIDS / SPIRIT WALK / 100K BIKE RIDE / FAMILY BIKE RIDES

TRAINING

PARTICIPATION CONSENT FORM

Please PRINT.

Sponsored by



Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Email Address

Phone _____ Secondary Phone _____

Can we text you? Yes No

What event are you training for? Please check one event

- Half Marathon (13.1 miles)
- Quarter Marathon (6.55 miles)
- 5K (3.1 miles)

Do you plan to: Walk Run Walk/Run Pace, if known, (ex. 10min mile) _____

Walking Running Experience First Race Experienced Participant

Reason for Walking/Running

Do you have any pre-existing medical conditions? No Yes If yes, explain.

What are your goal(s)?

Before starting any new exercise program, please consult a physician to determine what level of activity is best for you.

WAIVER OF LIABILITY I, the undersigned runner, know there are risks of accidents, injuries, and adverse health consequences in my participation in the Spirit of Survival running events. I am physically fit and sufficiently trained to participate. I am not acting against medical advice or with knowledge of health conditions that would place me at special risk by participating. Knowing these facts and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive and release and discharge any and all race sponsors, race officials, volunteers, local and state police including any and all of their agents, employees and assigns, or anyone acting on their behalf from any and all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out

of, or in the course of my participating in this event whether same be caused by negligence or fault. I am fully aware of the risks inherent in participation in said race, and hereby elect to enter said event voluntarily and assume all risks of loss and injury that I may sustain. I have read and understand this release and waiver of liability. I agree to comply with all race rules and instructions of race officials. **PHOTO CONSENT** I, the undersigned runner, hereby authorize photography taken of myself and hereby release Comanche County Memorial Hospital and Spirit of Survival event from any and all responsibility attached thereto. I understand that photography, interviews, and videotaping is intended to be used for the purpose of event promotions and marketing, but may be used at the discretion of the organizing parties.

Signature

Date



www.spiritofsurvival.com • facebook.com/spiritofsurvival

PLEASE RETURN THIS FORM TO YOUR TRAINER