

## Red Power Divas 2012 Application



→ **IMPORTANT: Please type or print clearly**

Last Name:	First Name:
Phone:	Email:
Address:	
City:	Zip:
Profession:	T-Shirt Size (choose one):    S    M    L    XL    XXL
Birth date:	Sex:    Female    Male
Choose one:    Walker only    Walker/runner    Runner	Time per mile:
Emergency Contact Name:	Phone:
How did you hear about the Red Power Divas?	

### IMPORTANT: ALL PARTICIPANTS MUST READ AND SIGN BELOW

**CERTIFICATION REGARDING MEDICAL CONDITION**

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 Red Power Divas training program.

Further, anyone who conforms to any of the following criteria must consult a doctor before training and having periodic check-ups throughout the training program.

- You are over the age of 60 and are not accustomed to vigorous exercise.
- You have a family history of premature (i.e., under 55 years of age) coronary artery disease.
- You frequently have pains or pressure in the left or mid-chest area, neck, shoulder, or arm during immediately after exercise.
- You often feel faint or have spells of severe dizziness, or you experience extreme breathlessness after mild exertion.
- Your doctor has said you have heart trouble, that you have a heart murmur, or that you have had a heart attack.
- Your doctor has said you have bone or joint problems.
- You have a medical condition not mentioned here that might need special attention during an exercise program (i.e., insulin-dependent diabetes, exercise-induced asthma).

By my signature I certify that I have read and understood 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.

In consideration of the acceptance by **Red Power Divas** of my application for joining the team to prepare for race events, and other good and valuable consideration relating to the **Red Power Divas** program, the sufficiency of which I hereby acknowledge, I hereby agree as follows:

1. Acknowledgment. I acknowledge and agree that **Red Power Divas**, 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, RELEASE WAIVE AND FOREVER DISCHARGE AND HOLD HARMLESS **RED POWER DIVAS**, THEIR EMPLOYEES, INDEPENDENT CONTRACTORS, AGENTS, REPRESENTATIVES, VOLUNTEERS, SPONSORS, SUCCESSORS AND ASSIGNS ("**THE RED POWER DIVAS PARTIES**") OF AND FROM ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, ACTIONS, AND CAUSES OF ACTION, WHETHER IN LAW OR EQUITY, INRESPECT 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 RED DIVAS PROGRAM**, WHETHER AS A SPECTATOR, PARTICIPANT OR OTHERWISE (ALL OF THE FORGOING REFERRED TO HEREAFTER AS THE "CLAIMS"), WHETHER OR NOT THE CLAIMS RESULT FROM MY FOLLOWING ANY PROGRAM OR DIET AND/OR EXERCISE ON THE RECOMMENDATION OF ANY OF THE **RED POWER DIVAS PARTIES**, WHETHER SUCH CLAIM ARISES OUT OF EVENTS PRIOR TO, DURING OR SUBSEQUENT TO SAID ATTENDANCE TO PARTICIPATION. EVEN IF SUCH CLAIMS WERE CAUSED BY, CONTRIBUTED TO, OR OCCASIONED BY THE NEGLIGENCE, FAULT OR OTHER CONDUCT OF **THE RED POWER DIVAS PARTIES**.

Signature:	Print Name:	Date:
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**EMAIL to: [redpowerdivas@yahoo.com](mailto:redpowerdivas@yahoo.com) or FAX to: 815-846-2204**