



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birthdate (YYYY/MM/DD): \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

**I wish to run (indicate one or several):**

5km

10km

Half Marathon (21.1km)

## **MEDICAL HISTORY RECORD**

**OUTLINE YOUR PAST HISTORY OR ILLNESS**

DIABETES \_\_\_\_\_ KIDNEY PROBLEMS \_\_\_\_\_

SEIZURES \_\_\_\_\_ HEPATITIS \_\_\_\_\_

EPILEPSY \_\_\_\_\_ THYROID DISORDER \_\_\_\_\_

NECK/BACK DISORDER \_\_\_\_\_ CHEST PAINS \_\_\_\_\_

FAINTING SPELLS/dizziness \_\_\_\_\_ HEART PROBLEMS \_\_\_\_\_

ASTHMA \_\_\_\_\_ PROBLEMS WITH HEAT/COLD \_\_\_\_\_

ULCERS \_\_\_\_\_ ARTHRITIS \_\_\_\_\_

ALLERGIES \_\_\_\_\_ ARE YOU PREGNANT? \_\_\_\_\_

RECENT WITHIN ONE YEAR: \_\_\_\_\_ SPECIFY: \_\_\_\_\_

INFECTIOUS DISEASE \_\_\_\_\_

HEAD INJURY \_\_\_\_\_

MAJOR SURGERY \_\_\_\_\_

TRAUMATIC/OVERUSE INJURY \_\_\_\_\_

Have you ever been told by your doctor not to participant in physical activity?

Yes No If yes, why? \_\_\_\_\_

**LIST ANY MEDICATIONS CURRENTLY USED AND INDICATE THE PURPOSE:**

\_\_\_\_\_  
\_\_\_\_\_

If you have answered "YES" to one or more of the questions above, please see your doctor BEFORE you start becoming more physically active. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice.

**Social Media:** I consent to having photo and/or video of me used for Allan McGavin Sports Medicine Clinic's social media (including Instagram, Facebook and the clinic's homepage).

Yes: \_\_\_\_\_ No: \_\_\_\_\_



**RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISKS. BY AGREEING TO PARTICIPATE IN THE ALLAN MCGAVIN RUN CLUB YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY.**

I understand, accept and agree that participating in the Allan McGavin Run Club by any means, including but not limited to as a runner, jogger, walker, in a wheelchair or with a stroller, is a potentially hazardous activity. I represent, warrant, covenant and agree that I am participating in

the Allan McGavin Run Club entirely of my own choice and volition and that it has not been requested, suggested or required in any way including by the Sponsors that I participate. I understand that participation in the Allan McGavin Run Club may challenge and engage my physical and mental resources. I agree that participation in the Allan McGavin Run Club is not considered a billable appointment with a health care professional, and is not eligible to be considered as a therapeutic service. I confirm that I do not have any medical conditions that would prevent me from safely participating in Allan McGavin Run Club, including but not limited to, stroke, high blood pressure, heart, liver, kidney or thyroid disease, diabetes, anemia, depression, anxiety, or other psychiatric conditions including a family history of these or other medical conditions. I am not taking nor do I plan to take any prescription, OTC and/or other herbal medications that could affect my safe participation in Allan McGavin Run Club. I understand the risks and danger of accidents, physical injury, effects of exercise, the unpredictable nature of the human body and the activities inherent in the nature of running and I understand it is impossible for the Releasees (defined below) to guarantee my safety. I further understand that I should not participate in Allan McGavin Run Club if I have any health conditions affecting my ability to safely participate and that I should not participate unless I am medically able and properly trained. I also understand that there may be traffic on the course. I assume all risks of participating in the Allan McGavin Run Club whether jogging, running,

walking or traveling in a wheelchair or with a stroller, including in traffic. I also assume any and all other risks associated with participating in the Allan McGavin Run Club, including but not limited to falls, injury, contact with other participants or persons, the effects of the weather including rain, snow, high heat and/or humidity and the condition of the roads or racing surfaces and events that may be unforeseeable or beyond the control of the Releasees (as defined below) including "Acts of God", civil unrest and third party violence or terrorism. Knowing these risks and in consideration of the acceptance of my entry in this clinic, I hereby remise, release, indemnify, forever discharge and hold harmless Allan McGavin Physiotherapy Clinic at the Plaza, the Allan McGavin Run Club and it's organizers and volunteers and any of their respective parent companies, subsidiaries, affiliates, agents, directors, employees, assigns or anyone else acting for or on their behalf (the "Releasees") from and against any and all existing and future claims, actions, costs, suits, demands and/or liability (including reasonable solicitor fees and legal costs) for loss, harm, damages, cost or expense, including without limitation costs, injuries, accidents, losses and damages related to personal injuries, death, damage to, loss or destruction of property, rights of publicity or privacy, defamation, or portrayal in a false light, or from any and all claims of third parties without limitation, which I, my heirs, executors, administrators, personal representatives, successors or assigns, now have, or may hereafter have, arising out of the acts or omissions, including negligence of the Releasees. I consent to the use, broadcast, distribution, exhibition or exploitation of any recordings, photographs, videotapes of me or other record of this event, and/or my participation in Allan McGavin Run Club or related events. The Releasees shall not be responsible for any of my actions while I am participating in the Allan McGavin Run Club or in any related events, and I hereby assume all risk of injury, illness, disease or death or other damage which may arise in connection therewith.

**MEDICAL TREATMENT:** If I am unable to consent at the time due to injury or illness, I hereby consent to the administration of first aid and other emergency medical treatment for such injury or illness that occurs during any of my participation in the Allan McGavin Run Club. Further, I hereby release and forever discharge the Releasees Parties from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered as contemplated hereunder. This Release and its application and interpretation will be governed exclusively by the laws of British Columbia applicable and the parties agree to the jurisdiction of the courts of the Province of British Columbia. This Release and its application and interpretation will be governed exclusively by the laws of British Columbia applicable and the parties agree to the jurisdiction of the courts of the Province of British Columbia.

**I HEREBY ACKNOWLEDGE HAVING READ THIS RELEASE AND WAIVER AND BY REGISTERING FOR THE ALLAN MCGAVIN RUN CLUB I UNDERSTAND AND ACCEPT ITS TERMS. I FURTHER ACKNOWLEDGE AND AGREE TO THE TERMS OF THIS RELEASE AND WAIVER ON BEHALF OF MY MINOR CHILD, IF APPLICABLE.**



**Allan McGavin  
Sports Medicine Centre  
Physiotherapy**

**Allan McGavin (Plaza)  
Run Club  
*Registration Form***

I have read the conditions of entry for The Allan McGavin Run Club and I understand and agree to be bound by them.

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Signature of participant or signature of parent/guardian (if participant is under 19) (Date)