

GLASSHOUSE Medical Form

To be filled in by competitors covering 50km or more. Please post this form in before race day.

Pulse: _____

Blood Pressure: _____

Weight: _____

Participation Agreement

WARNING: This is a legal document that affects your rights.

1. I acknowledge that Ultra distance running involves the real risk of serious injury or even death from various causes including overexertion, dehydration, accidents with other competitors, spectators or road/trail users, course or weather conditions and other causes.

2. I understand that I should not compete in this event unless I have trained appropriately and, should I become sick or injured prior to the event, then I shall withdraw from the event.

3. By competing, I accept all risks necessarily flowing from my participation which could result in loss of life or permanent injury. Accordingly, I release all persons or corporations associated directly or indirectly with the conduct of the event from all claims, demands and proceeding arising out of my participation and I hereby indemnify them against all liability (including liability for their negligence and the negligence of others) for all injury, loss or damage arising out of or connected with participation in this event. This release shall extend to and include Trail Running Assoc of Qld and its respective directors, partners, managers, officers, agents, contractors, employees and volunteers including medical and paramedical personnel appointed for the event, the owners, licensees and occupiers of land upon which the event or any part of it is conducted, any statutory body or local authority having control over any land upon which the event or any part of it is conducted or which is involved directly or indirectly with the event in any manner whatsoever and promoters, sponsors and event organisers. This release and indemnity continues forever and binds my heirs, executors, personal representatives and assigns.

Name: _____

Race No: _____

QUALIFICATIONS:

The undersigned submits the following statement of qualifications to the screening committee of the Glasshouse Mountains Trail Run.

1. Entrants in the 100 mile event must have completed an ultra event of 50km or longer in the past 18 months.

IT IS THE RESPONSIBILITY OF EACH ENTRANT TO SUBMIT ADEQUATE VERIFICATION OF THE QUALIFYING RUN WITH THE RACE APPLICATION FORM i.e. PUBLISHED RESULTS LIST OR CERTIFICATE. TRAINING RUNS OR RUNS ESTABLISHED FOR THE SOLE PURPOSE OF QUALIFYING WILL NOT BE ACCEPTABLE

2. I have completed the following marathon/ultra marathon races:

Race name: Location:.....

Date: Finishing time:

Race name: Location:.....

Date: Finishing time:

Race name: Location:.....

Date: Finishing time:

Note: If you are going to use any of the above races as a qualifier for this year's Glasshouse Trail, independant certification of your performance must be proved as per #1 above.

3. I have competed in the Glasshouse Trail before - No Yes
(if yes, please note finishing time or location of drop-out point for each year of participation)

4. Name, address and phone no. of relative or friend who will not be present at the Glasshouse Trail Run

5. I hereby grant irrevocable permission to the Glasshouse Trail Run and any media covering this year's race and the authorised agents, contractors and representatives of each, to use my name and likeness in any photographs, videotapes, motion pictures, recordings or any other records of my participation in this event for any purpose.

6. I consent to receiving any medical treatment including ambulance transportation that the event organisers consider desirable during or after the event and take all responsibility therefore, including costs

MEDICAL INFORMATION

For one to be eligible to participate in this year's Glasshouse Trail Run, this medical history form must be completed. It is not the intent of the Race Management to eliminate runners from the event, but rather to alert any medical staff of existing or past health problems. Applicants might not be allowed to participate in the run, if the medical director believes their participation would pose an unacceptable risk to the runner or the Glasshouse Trail Run organisation. Please circle either yes or no. Please give details for questions answered yes.

Cardiovascular disease	Yes	No
High blood pressure	Yes	No
Head, neck or spinal injury	Yes	No
Seizures, convulsions or fainting	Yes	No
Dizziness or frequent headaches	Yes	No
Eye problems (except glasses)	Yes	No
Lung disease (inc. tuberculosis & asthma)	Yes	No
Diabetes	Yes	No
Kidney disease	Yes	No
Permanent defect in skin or scarring	Yes	No
Any drug allergies	Yes	No
Any major illness in last 5 years	Yes	No
Any operation in last 5 years	Yes	No
Currently taking any medication	Yes	No

Details: attach separate sheet if necessary.....

I certify under penalty of perjury that I have provided true and complete information concerning my health and qualifications.

I expressly acknowledge that I have read this entry form and that I understand and agree to be bound by the terms and conditions set forth herein, please sign:

Applicant's name: _____

Applicant's signature: _____

Date: ____ / ____ / ____