

Health Questionnaire & Pledge

1. Do you have any illnesses that you are currently treating?
 There is Not
2. Are you taking any medications?
 There is Not
3. Do you have any pre-existing medical conditions that may interfere with your ability to complete this marathon?
 There is Not
4. How are you feeling today?
 Good Fair Not so good

5. Will you follow the competition rules set by the organizer?

- (1) Finish within the time limit for each category listed in the application guidelines.
- (2) Do not cause trouble with other participants, event officials, ordinary pedestrians, runners, etc.
- (3) Do not deviate from the designated course, take shortcuts, complete an insufficient number of laps, or engage in other illegal activities
- (4) The organizer retains all personal information, competition results, and portrait rights for all participants in the event.
- (5) Personal information may be provided when requested by emergency services or physicians only in emergency situations.

Yes, I will comply No, I will not comply

6. If the organizer determines that you are unable to complete the race within the time limit, the organizer may order you to abstain even within the time limit. Do you agree?
 I agree. I do not agree.
7. The organizer may invalidate the competition results if any false information is found in the participant's declaration after the race or if any irregularity is found in the competition.
 Acknowledged. I don't approve.
8. Who is your contact today in the event of an emergency?

Phone number

Contact Name

This person is family member friend or acquaintance

The type of races you participate today

Do you know your bib number?

I fully understand the contents of this pledge and hereby sign and submit it.

Date _____

Your Signature

In the case of a
minor
Parent/Guardian
Signature
