



Foundation to Eradicate Duchenne, Inc.

MARINE CORP MARATHON TRAINING PROGRAM RUNNER PACKET



Please review this packet and return completed forms
to Luke Guthrie at the Foundation to Eradicate Duchenne, Inc.

Via e-mail: lguthrie@duchennemd.org

Via fax: 703.683.4482

Via mail: FED

P.O. Box 2371

Alexandria, VA 22301



FEET FOR FED Marathon Training Program Guidelines

The purpose of the FED Marathon Training Program is to raise funds for research for Duchenne's Muscular Dystrophy assist our participants in achieving their training and fundraising goals. Our mission is to provide a safe, enjoyable, and rewarding experience for all our participants while also minimizing expenses to ensure a high degree of cost-efficiency. The following guidelines have been developed to allow us to meet these high standards of training and cost-efficient fundraising.

We ask each of our participants to make the following commitment:

1. Complete all forms.

If you have any questions, please e-mail Luke Guthrie at lguthrie@duchennemd.org or call (703) 683-7500.

2. Follow the minimum training requirements.

The training program consists of two short runs of 30 – 45 minutes per week on your own and a longer group run on the weekend. We also strongly encourage you to do some form of cross training twice a week. As with any exercise regimen, **consult your personal physician before beginning the training program.**

3. Purchase and use a water bottle.

Participants must carry a water bottle on all training runs. Keeping yourself properly hydrated is crucial, especially when running long distances. We will have water stops about every three miles to refill your bottle. Drink sufficient water to replace fluids lost to sweat. You must bring a water bottle by the third week of training in order to participate.

4. Educate yourself about Hyponatremia.

In addition to staying properly hydrated, it is essential that you maintain adequate sodium levels. Hyponatremia results from a lack of sodium in the bloodstream and over consumption of fluids. Women and other runners out on a course for more than four hours are at greater risk. To prevent this condition, do not over consume fluids. Drink just enough to replace lost fluids. Before a run, include pretzels or a salted bagel in your pre-run meal. Consume pretzels or other salty snacks during and immediately after each long run.

5. Stay with your pace group throughout the group run.

Pace group members not only give encouragement to one another, they also provide an important safety link by watching out for heat-related health problems. Please follow the advice of our coaching staff regarding the course each week. For the safety of all runners, guests are not permitted to participate in-group runs.

6. Raise the minimum fundraising amount by the deadline.

The fundraising deadline is October 1, 2009. In the event that you don't reach the \$1,000.00 minimum commitment by October 1, 2009, your options are:

- Use a credit card to make a deferred commitment to cover the remaining amount. Your card will not be charged for at least 30 days after the run, during which time you can continue to fundraise. If you don't reach the minimum in that time, your credit card will be charged for the remaining amount.
- Choose not to participate (and we hope you won't pick this one!). The money that you're raised will still benefit FED and you will not be responsible for additional funds to meet the minimum.

NOTE: Once funds have been received, they cannot be transferred from one participant to another.

SIGNATURE: _____ DATE: _____

NAME: _____



FEET for FED Marathon Training Program Waiver of Negligence & Complete Release of Liability

I wish to participate in the FED Marathon Training Program (the "Training Program"), which I understand to be a non-competitive six-month running and walking fitness program. I understand that by participating in the Training Program, I will be using public streets and facilities where many hazards exist, and I am aware of and appreciate the risks which may result from my use of those streets and facilities. I am also aware that accidents or illness can occur during road running and that I may be seriously injured or killed as a result. I am voluntarily participating in the Training Program with knowledge of the dangers involved and I agree to accept any and all risks of injury or death.

In consideration for being permitted to participate in the Training Program, I agree to assume all risks and to release in advance and hold harmless and discharge each of the Foundation to Eradicate Duchenne, Inc ("FED"), FED representatives, coaches and team leaders, the cities in which I will train, all affiliated organizations, individuals and entities, designated beneficiaries, sponsors, first-aid volunteers, officials, participating clubs, communities, organizations, the Training Program, the National Park Service and all other government or public entities (and all of their respective officers, directors, agent, employees and members) ("Parties") from any liability and to waive all rights with respect to any and all claims for damages for death, personal injury or property damage, including but not limited to medical bills, lost wages, pain and suffering, attorney fees and court costs, which I may have, or which may hereafter accrue to me as a result of my participation in the Training Program, even though this liability may arise through no fault of my own, or from the negligence or carelessness on the part of the person or entities being released, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release is binding on my heirs, assigns and legal representatives.

I verify that I have full knowledge of the rigors and risk involved in participation in the Training Program. I understand that the Training Program requires that I complete runs of a minimum of 30 minutes, twice a week on my own, and longer group runs on weekends. I understand that I will be required to complete weekly group runs led by running coaches during the six-month period preceding the marathon I have chosen. The group runs start with three miles of running and walking and gradually increase in distance each week. I understand that I must maintain a 17 – minute per mile training pace or faster in order to participate in the Training Program. I understand that the Training Program personnel, including my running coach and program representative ("Trainers"), are not licensed physicians and any suggestions or recommendations the Trainers may make regarding any aspect of my training or physical fitness are not being rendered as medical advice. I agree to independently consult my personal physician prior to starting the Training Program to ensure that I am physically able to participate and also in the event of any injuries or medical questions relating to my fitness or the Training Program.

I am in good health, physically fit, and capable of participating in the Training Program, and my medical care provider has approved my participation. If I am aware of or under treatment for any physical infirmity, ailment or illness, or if I am taking any prescription or over-the-counter medications, my medical care provider knows of and has approved my participation in the Training Program. I understand, or will educate myself about the dangers of dehydration and hyponatremia (low blood sodium) and will take precautionary measures to prevent these conditions. I acknowledge that I, and I alone am solely responsible for my personal health and safety, and the personal property I bring with me. I also acknowledge full and sole responsibility for my own medical expenses, and I am responsible for any and all medical expense incurred on my behalf.

I have read and understood the description and guidelines for participation in the Training Program, and I will abide by any rules and regulations established by the Training Program organizers and personnel as well as the laws of any county, city, or other jurisdiction in which I will train.

I understand that my name, photograph, voice or likeness may be used by FED, their licensees, affiliates and employees in any manner they deem appropriate and necessary and I hereby release, consent to, and authorize, in advance, any such use for any purpose whatsoever without any remuneration to me in exchange for such release, and waive any rights of privacy and/or publicity I may have in connection therewith.

I understand that weather, emergencies, or other issues of public safety and beyond the control of FED may cause cancellation or postponement of the Training Program, in whole or in part. I hold all Parties harmless should such cancellation or postponement occurs, and I understand that no contributions, payments or expenses will be refunded.

I understand that, in the event that any one or more of the provisions contained in this Waiver and Release shall, for any reason, be held to be invalid, void, illegal or unenforceable in any respect, such invalidity, voidness, illegality or unenforceability shall not affect any other provision of this Waiver and Release and the remaining portions shall remain in full force and effect.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release, understands and consents to its terms, and authorizes my participation by his/her signature below. I am aware that this is a **RELEASE OF LIABILITY** and a contract between FED, and me and all of their respective officers, directors, employees, agents and representatives, and I sign of my own free will. In addition, I am aware that I will be asked to confirm my understanding of this agreement during the Orientation for the Training Program by signing another copy of a waiver, and the failure to do so will disqualify me from participating in the Training Program without entitling me to any refund.

THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ IT CAREFULLY
BEFORE SIGNING.

Signature: _____ DATE: _____

Name: _____

Signature of Parent or Legal

Guardian: _____ DATE: _____

Name of Parent or Legal

Guardian: _____



FEET for FED Marine Corps Marathon Training Program Runner Registration Form

Runner Information

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL: _____

PHONE: _____

FAX: _____

Registration Fee : \$100 (Marathon)
 \$75 (10k)

Form of Payment: Check
 Credit Card
 MasterCard
 Visa

Card Number: _____ Exp. _____

Name on Card: _____

Billing Address (if different then above): _____

City: _____ State: _____ Zip: _____

Cardholder's Signature _____ Date: _____



FEET for FED Marine Corps Marathon Training Program Runner Questionnaire

RUNNER NAME: _____

E-MAIL: _____

PHONE: _____

SET YOUR FUNDRAISING GOAL

The minimum amount required is \$1,000, there is no limit on the amount you raise.

1. What is your fundraising goal? \$ _____
2. What is your fundraising plan?
 - Fundraising Letter
 - Fundraising Party
 - Group Activities
 - Other: _____Please explain

3. What is your motivation for joining the Training Program?
 - Better Health
 - Meeting New People
 - Raising Money for FED
 - Other: _____

RUNNING EXPERIENCE

1. How much do you run? _____
2. Current Weekly Mileage: _____
3. Longest run in the past month: _____
4. Longest run in the past year: _____
5. Do you have any marathon experience (half, whole or triathlon): _____

6. Do you have any special concerns we should be aware of? _____

SINGLET ORDER

Men's Sizes

- Small
- Medium
- Large
- X-Large
- XX-Large

Women's Sizes

- Small
- Medium
- Large
- X-Large
- XX-Large