



Team Heart and Sole Champion Application

Please complete this form and return to your physician to review. This must be signed and dated by your physician BEFORE you are allowed to participate in any Team Heart and Sole, Inc. event.

Dear Champion,

Thank you for your interest in being part of Team Heart and Sole. Our mission is to provide opportunities for individuals with disabilities, their families and friends, to participate in endurance racing events across Ohio, while building authentic relationships through team work. Please complete the application and return or email to the addresses below. Once we have received your completed application a member of our team will call you and inform you of our upcoming events. Please call if you have any questions or concerns.

Champion Coordinator

Team Heart and Sole

www.teamheartsole.org

PO Box# 401

Worthington Ohio 43085

614-747-1759

Email: teamheartsole@gmail.com

Last/First Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birth Date: _____ Sex: Male _____ Female _____

Height: _____ Weight: _____ *(necessary for equipment restrictions)*

Parent/Guardian Name: _____

Parent/Guardian Emergency Contact Number: _____

Please share any information concerning the care of your Champion that would be helpful for our Teammates and Volunteers to know.

Applicant Initials/Date

09/05/18

MEDICAL HISTORY QUESTIONNAIRE

Help us better understand your disability by briefly answering the following questions.

1. List the primary diagnoses/injury that resulted in your disability:

2. How long have you had your disability Since Birth

3. Describe your level of disability:

a) Wheelchair level Manual Electric – mode of operation _____

b) Assistive device Cane Crutches Walker- standard/rolling/4-wheel _____

c) Transfers Min assist Moderate assist Max assist x 1/2 _____

d) Other pertinent info _____

4. History of seizures Yes No

If, YES, how often _____ Can you tell when you are about to have one _____

How long do they last _____ Is there anything that can be done to help you through the seizure _____

5. Are you continent Yes No

If NO, do you require any special accommodation during the race _____

6. Would you require any special feeding during the race Yes No

If YES, explain: _____

How often would you need to drink: every minutes. Can you do this yourself or would you

Need Help

7. Are there any other medical or physical issues that we should be aware of? Please explain:

OFFICIAL MEDICAL STATEMENT

I hereby acknowledge that I have examined the above participant on _____ and verify that he/she is able/unable to participate in training for a race that involves a swim/bike/run or competing in such a race while being fully assisted by the staff & volunteers of Team Heart and Sole, Inc.

Signature of Physician/PA/NP _____

Printed Name: _____ Date: _____

Applicant Initials/Date

09/05/18

WAIVER

By signing I acknowledge my understanding that my participation in any Team Heart and Sole. event and/or any pre- or post-event activities (collectively, the "Event") involves rigorous physical activity and that it potentially may be hazardous. I attest and verify that my ability to participate in the Event has been verified by a licensed medical doctor. I expressly assume all known and unknown risks associated with the Event, including but not limited to: loss of or damage to my property; injury (including death); accidents; the effects of weather; and terrain conditions that may vary widely, and that may include uneven and/or slippery surfaces, spectators, participants, and natural and manmade obstacles (including without limitation, vehicles, security barriers, signs, cables, mats, and debris on the course). In consideration of my participation in the Event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive any and all rights, claims and causes of action I have or may have against any Race Organizer that may arise as a result of my participation in the Event. For these purposes, a "Race Organizer" is any one or more of the following: Team Heart and Sole and their affiliates; all governmental agencies representing the territory in which the Event will be held; all sponsors, agents, vendors, and contractors of or for the Event; medical service providers; and the officers, directors, employees, representatives, successors and assigns of each of the foregoing. I hereby agree to indemnify all Race Organizers for all claims and losses (including attorney's fees and court costs), which may be brought against any one or more of them by anyone claiming to have been injured or otherwise to have suffered loss or damage as a result of my participation in the Event.

I further grant full permission to any and all of the foregoing to store, use and/or reproduce my image or likeness by any audio and/or visual recording technique (including electronic/digital) now in existence or hereafter invented, for any legitimate purpose, including commercial sales and marketing purposes. I understand and agree that information about me that is collected by Team Heart and Sole. or the Race Organizers, including without limitation information on this form and my Event results may be disclosed to third parties for any legitimate purpose, including commercial sales and marketing purposes, and that it may be subject to re-disclosure by the recipient(s).

I acknowledge and agree to abide by any Official Rules for the Event that may be posted at the Event or on the Event's website. I hereby represent and warrant that I am 18 years of age or older or, if applicable, that I am the parent or legal guardian of the child under the age of 18 years old who I am registering for the Event and that I have the full power and authority to agree to these terms on behalf of such child, and to bind him/her to these terms.

Printed Name of Champion _____

Signature of Champion _____ Date: _____

If Champion is under the age of 18 or requires the approval of a legal guardian:

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date: _____

Applicant Initials/Date
