



## Health Declaration Form for Participants in Kapaim Active Events

\*If someone else has power of attorney to pick up your registration kit, he/she must submit the following form completed and signed by you.

### Part A: Medical Questionnaire

Please thoroughly read the questions below and answer honestly by checking the relevant box.

1. Did your doctor say that you suffer from heart disease? **Yes**  / **No**
2. Do you feel pain in your chest (please answer each of the following options)
  - When at rest? **Yes**  / **No**
  - While doing day-to-day routine activities? **Yes**  / **No**
  - During physical activity? **Yes**  / **No**
3. During the past year, (please answer each of the following options)
  - Did you lose your balance due to dizziness? Mark no, if your dizziness was caused from hyperventilation (including during excessive physical activity)
  - Did you lose consciousness? **Yes**  / **No**
4. Has a doctor diagnosed that you suffer from asthma and as a result, in the last 3 months (please answer each of the following questions below)
  - You need to take medicine? **Yes**  / **No**
  - You suffer from shortness of breath or wheezing? **Yes**  / **No**
5. Has any one of your immediate family died (please answer each of the following options)
  - From heart disease? **Yes**  / **No**
  - From sudden death at a young age (men before the age of 55 and women before the age of 65)? **Yes**  / **No**
6. During the past 5 years, has your doctor suggested you do physical activity only under medical supervision? **Yes**  / **No**
7. Do you suffer from any chronic disease that is not mentioned above that might limit or prevent you from doing physical activity? **Yes**  / **No**
8. For pregnant women: Is this pregnancy considered high risk or have any of your previous pregnancies been considered high risk? **Yes**  / **No**

### Part D: Parental Consent for Minors (those under 18 years of age)

Participants under 18 years of age must include parental consent with his/her health declaration by providing the signature of a parent below.

I permit my son/daughter to participate in the sporting event and confirm that he/she is healthy and in proper physical condition to do so.

Full name of parent: \_\_\_\_\_

ID: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Part B: Guidelines

If you marked "yes" to any of the questions in Part A of this form, in order to participate in the event, you must provide Kapaim Active with a medical certificate signed by a physician that clearly specifies that participating in this sporting event will not pose a risk to your health. Kapaim Active will allow participation in the event only upon the presentation of a medical form that has been issued within the last 3 months. **You must bring this signed and valid medical form with you to the registration kit pick-up.**

### Part C: The Declaration

I declare that all the information that I have provided is complete and accurate and I am fit to participate in the event.

I, the undersigned, hereby declare that I know that I am about to participate in a sports activity that demands significant physical effort.

I hereby declare that I am healthy and fit for the activity and have trained for it accordingly.

I understand that my participation in this event, under the circumstances that I am not adequately in physical form, may endanger my health.

I am aware that the organizing committee of the event, the hosting party, the organizers and producers and sponsors will not undertake any responsibility for any harm that I may endure, including bodily harm that may occur prior to the event, during or thereafter, nor are they responsible for any lost or damaged belongings.

I declare that if during the week of the race, I suffer or if I suspect that I suffer from any sickness, including fever, digestive issues or cough, then I will consult a physician prior to the event and receive permission to participate.

I hereby declare that I have received the runner's kit including the bib number and race shirt.

I hereby grant permission to the production company, and the related marathon sponsors, organizers, management and producers to use any photographs and videos of me without payment or compensation for the purpose of public relations, marketing and advertising.

I, the undersigned below, hereby declare that I have read and understood this medical questionnaire and the declaration in the form and I have completed it myself. I declare that the information I provided regarding my physical condition in the past and present according to the questions asked in this questionnaire is complete and accurate.

I hereby provide my consent for the production company and the related marathon sponsors, organizers, management and producers to use photographs of me (stills and video) for public relations, marketing and advertising purposes free of charge.

First Name and Family Name: \_\_\_\_\_

ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### Power of Attorney\*

I, the undersigned, \_\_\_\_\_ ID #/Passport Number (and Country) \_\_\_\_\_ give power of attorney to \_\_\_\_\_ ID #/Passport Number (and Country) \_\_\_\_\_ to pick up my event registration kit on my behalf. I hereby declare that I have received my registration kit including a bib number and timing chip.  
Date \_\_\_\_\_ Signature \_\_\_\_\_

\* The power of attorney must provide a photocopy of the ID card/Passport of the person, the undersigned, for which the registration kit is being picked up.