

## AGOGE FITNESS ASSESSMENT

New for 2019, Spartan Race, Inc. ("Spartan") requires the following 3-part Agoge Fitness Assessment, which consists of a 1) Swim Assessment, 2) Physical Fitness Assessment, and 3) Medical Clearance Form. Spartan requires that each Agoge registrant submit the certifications related to each step of the Agoge Fitness Assessment via [xe@spartan.com](mailto:xe@spartan.com). This Agoge Fitness Assessment can be done before or after registration for the event, and can be submitted up to fifteen (15) days before the event. The certification forms for your Swim and Fitness Assessments and the Medical Clearance Form are all included in this document.

## How to complete the Agoge Fitness Assessment

Please wait until you have all of these items ready before submitting

|          |   |
|----------|---|
| Step I   | Complete Swim Assessment with a Certified Lifeguard or Swim Coach<br>This can be completed at a local body of water or pool with any Certified Lifeguard or Swim Coach.                           |
| Step II  | Complete Physical Fitness Assessment with a Certified SGX Coach<br>Find an SGX Coach using the <a href="#">Coach Finder</a> . A remote assessment with a coach using Video & Strava is permitted. |
| Step III | Complete Medical Clearance Form with Doctor<br>Must be completed by a licensed physician.   |
| Step IV  | Review the HIPAA Privacy Notice and Complete and sign the HIPAA Authorization for Release of Health Information and Privacy Notice Acknowledgement  |
| Step V   | Email all completed Certificate Pages to <a href="mailto:xe@spartan.com">xe@spartan.com</a>   |

Agoge Fitness Assessment submissions are valid for one (1) calendar year from the date of disclosure to Spartan Race, Inc. ("Spartan"), regardless of when the Swim or Physical Fitness assessments were performed or when the Medical Clearance Form was signed. Students must complete and submit a new Agoge Fitness Assessment annually for continued participation in the events. Requirements may change annually.

## SWIM ASSESSMENT

A level of ' BEGINNER' or better in the Swim Assessment is required for participation in an Agoge. A lifeguard or swim coach who is certified by a nationally-recognized certifying body (or international equivalent) must administer this test. A copy of the lifeguard or swim coach's certification card must accompany the signed Swim Assessment form. Incomplete forms or absence of proof of the certification will void the Swim Assessment.

### Note to Lifeguard/Swim Coach:

It is very important that you administer this test exactly as stated and to the highest standard. Do not make exceptions for any reason. Please verify the registrant's identify by checking a government-issue ID card before beginning this Swim Assessment.

There are three classifications levels in the Agoge Swim Assessment:

1. SWIMMER, which will allow the participant to swim in all areas, boat in open areas of a lake, and participate in any waterfront activities.
2. BEGINNER, which will permit limited boating and swimming areas.
3. LEARNER, which will permit wading in waterfront areas and boating only with qualified accompaniment in safe watercraft.

| Level                     | Instructions   |
|---------------------------|--|
| SWIMMER                   | <ol style="list-style-type: none"> <li>1. Jump feet first into water fully submerged, recover to surface, and begin swimming.</li> <li>2. Swim - The total of 100 meters (330 feet swim) must be completed in one swim without stops and include at least one sharp turn.               <ol style="list-style-type: none"> <li>a. Swim 75 meters (approx 250 feet) in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl (no dog-paddle);</li> <li>b. Then swim 25 meters (approx 80 feet) using an easy, resting backstroke.</li> </ol> </li> <li>3. Tread Water               <ol style="list-style-type: none"> <li>a. Remain floating or treading water on surface for one minute without using arms to stay afloat for 1 minute</li> </ol> </li> </ol> |
| BEGINNER                  | <ol style="list-style-type: none"> <li>1. Enter feet first into water fully submerged, recover to surface, and begin swimming.</li> <li>2. Swim               <ol style="list-style-type: none"> <li>a. 25 meters (approx 80 feet) in a strong manner using one or more of the following strokes: sidestroke, breaststroke, trudgen, or crawl (no dog-paddle);</li> <li>b. Turn 360 degrees, resume swimming as before and return to starting point.</li> </ol> </li> <li>3. Tread Water               <ol style="list-style-type: none"> <li>a. Remain floating or treading water on surface for one minute without using arms to stay afloat for 1 minute.</li> </ol> </li> </ol>  |
| LEARNER<br>(Did Not Pass) | Those who cannot pass the test required of SWIMMER or BEGINNER.  |

## SWIM ASSESSMENT: CERTIFICATION FORM

Demonstrated Classification (check one):

|                                  |                                   |  |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> SWIMMER | <input type="checkbox"/> BEGINNER | <input type="checkbox"/> LEARNER<br>(Did Not Pass) |
|----------------------------------|-----------------------------------|--|

A level of ' BEGINNER' or better in the Swim Assessment is the mandatory minimum for participation in an Agoge.

Date of Assessment:

Name of Location:

### AGOGGE STUDENT

|           |  |      |  |
|-----------|--|------|--|
| Full Name |  | DOB  |  |
| Signature |  | Date |  |

### LIFEGUARD/SWIM COACH

I attest to the validity of the Agoge Swim Assessment administered by me. I am currently certified as a lifeguard and/or swim coach, and a copy of my certification is attached. I understand that classifying an unqualified registrant as a SWIMMER or BEGINNER could endanger the health and safety of the registrant and/or others.






|           |  |                        |  |
|-----------|--|------------------------|--|
| Full Name |  | Certificate Expiration |  |
| Signature |  | Date                   |  |

FORM SUBMISSION INVALID WITHOUT ATTACHED COPY OF CURRENT LIFEGUARD OR SWIM COACH CERTIFICATION

## PHYSICAL FITNESS ASSESSMENT

An SGX Certified Coach must administer and sign off on this test. Remote evaluations using Video/Strava with an SGX coach are permitted.

A score of 'GOOD' or better per each element of the Physical Fitness Assessment is required for participation in an Agoge. This assessment measures strength, endurance, and aerobic capacity in the 5 Core Elements. To begin, take time to prepare the area. For example, make sure your running distance is 1.5 miles prior to beginning the assessment. Use a mobile app or run on a path or trail where you know you will not be hindered by other runners or traffic.

| Element  | Instructions   |
|--|--|
| <b>PUSH-UPS</b><br><br><b>1 MINUTE</b>      | <p>Start in the UP position. Back and legs should be straight. Body should be pushed up with the arms fully extended with the elbows locked. Hands are shoulder width apart. Feet should be side by side with the toes tucked in. Lower your body to the floor until the chest contacts (a fist of the partner or a rolled up towel). Back should be kept straight and in line with the buttocks. Raise the body until the elbows are in a fully locked position. Repeat this sequence as many times as possible for ONE MINUTE.</p>   |
| <b>SIT-UPS</b><br><br><b>1 MINUTE</b>       | <p>Lie down on your back. Bend your knees and hips so your feet are flat on the ground. Your feet should also be anchored to the ground. Utilize a partner or a heavy object. Place your arms across your chest with the palms resting on opposite shoulders. Back should be in contact with the floor up to the bottom of the shoulder blades. This is the STARTING position. Curl upward until the elbows touch the thighs two to three inches from the knee. Return to the STARTING position until the entire shoulder blade touches the floor. Repeat this sequence as many times as possible in ONE MINUTE.</p> |
| <b>CHIN-UPS</b><br><br><b>TO FAILURE</b>  | <p>Grab the chin-up bar with a shoulder-width, under hand grip. Keep your arms completely straight, hang at arms' length. You may cross your ankles behind you. This is the STARTING POSITION. You should return to this position each time you lower your body back down. Squeezing your shoulder blades together and pulling your upper arms down forcefully, pull your chest to the bar. ONE REPETITION is counted each time the chin rises above the bar. One cycle is completed when the body returns to the starting position with the arms fully extended. There is NO TIME LIMIT for this exercise.</p>      |
| <b>RUN</b><br><br><b>1.5 MILE (2.4km)</b> | <p>You will cover a 1.5 mile (2.4km) course running at near maximum effort. This run will require a nearly exhaustive effort to attain your best score. You should refrain from eating two hours prior to the test, but drink plenty of water before and after the run. Ideally, the run should not be done on a treadmill. To simulate testing conditions during training, the run may be completed on asphalt and over a course that has varying levels of elevation.</p>  |
| <b>BURPEES</b><br><br><b>5 MINUTES</b>    | <p>The burpee consists of three components. At the "bottom" of the burpee, the chest touches the ground and the body and legs are straight and parallel to the ground. At the "top" of the burpee, the hips reach a fully extended position with the body and legs straight and perpendicular to the ground. To "finish" the burpee, the feet must leave the ground with the hands reaching above the ears.</p>  |

## PHYSICAL FITNESS ASSESSMENT: SCORING

The following point system will be applied to the fitness category level achieved by the student in accordance with their age and gender. Use the sidebar to track and score your results. A score of 'GOOD' or better is the mandatory minimum for participation in an Agoge.

| Element  | Instructions  |            |              |            |              |            |              |          |            |
|--|---------------|------------|--------------|------------|--------------|------------|--------------|----------|------------|
| PUSH-UPS<br><div></div> <div><div></div><div></div><div></div></div> |               |            |              |            |              |            |              |          |            |
|  | LEVEL         | Male 20-29 | Female 20-29 | Male 30-39 | Female 30-39 | Male 40-49 | Female 40-49 | Male 50+ | Female 50+ |
|  | 1 - Excellent | 55         | 40           | 50         | 30           | 42         | 23           | 39       | 23         |
|  | 2 - Good      | 50-54      | 30-39        | 41-49      | 25-29        | 35-41      | 19-22        | 29-38    | 19-22      |
|  | 3 - Fair      | 46-49      | 26-29        | 36-40      | 20-24        | 28-34      | 12-18        | 21-28    | 12-18      |
| SIT-UPS<br><div></div> <div><div></div><div></div><div></div></div>  |               |            |              |            |              |            |              |          |            |
|  | LEVEL         | Male 20-29 | Female 20-29 | Male 30-39 | Female 30-39 | Male 40-49 | Female 40-49 | Male 50+ | Female 50+ |
|  | 1 - Excellent | 47         | 44           | 43         | 35           | 39         | 29           | 35       | 24         |
|  | 2 - Good      | 42-46      | 38-43        | 39-42      | 29-34        | 34-38      | 24-28        | 28-34    | 20-23      |
|  | 3 - Fair      | 38-41      | 32-37        | 35-38      | 25-28        | 29-33      | 20-23        | 24-27    | 14-19      |
| CHIN-UPS<br><div></div> <div><div></div><div></div><div></div></div> |               |            |              |            |              |            |              |          |            |
|  | LEVEL         | Male 20-29 | Female 20-29 | Male 30-39 | Female 30-39 | Male 40-49 | Female 40-49 | Male 50+ | Female 50+ |
|  | 1 - Excellent | 11         | 4            | 10         | 4            | 8          | 4            | 5        | 4          |
|  | 2 - Good      | 9-10       | 3            | 8-9        | 3            | 6-7        | 3            | 3-4      | 3          |
|  | 3 - Fair      | 7-8        | 2            | 6-7        | 2            | 4-5        | 2            | 2        | 2          |
| RUN<br><div></div> <div><div></div><div></div><div></div></div>      |               |            |              |            |              |            |              |          |            |
|  | LEVEL         | Male 20-29 | Female 20-29 | Male 30-39 | Female 30-39 | Male 40-49 | Female 40-49 | Male 50+ | Female 50+ |
|  | 1 - Excellent | 10:16      | 12:50        | 10:47      | 13:42        | 11:44      | 14:30        | 12:51    | 15:56      |
|  | 2 - Good      | 10:30      | 13:01        | 10:58      | 13:53        | 11:55      | 14:41        | 13:02    | 16:07      |
|  | 3 - Fair      | 11:42      | 14:25        | 12:21      | 15:09        | 13:15      | 15:58        | 14:25    | 16:59      |
| BURPEES<br><div></div> <div><div></div><div></div><div></div></div>  |               |            |              |            |              |            |              |          |            |
|  | LEVEL         | Male 20-29 | Female 20-29 | Male 30-39 | Female 30-39 | Male 40-49 | Female 40-49 | Male 50+ | Female 50+ |
|  | 1 - Excellent | 85         | 80           | 83         | 75           | 78         | 70           | 75       | 67         |
|  | 2 - Good      | 70         | 65           | 68         | 60           | 63         | 55           | 60       | 52         |
|  | 3 - Fair      | 55         | 50           | 53         | 45           | 48         | 40           | 45       | 37         |

## PHYSICAL FITNESS ASSESSMENT: CERTIFICATION FORM

Final Score Card:

| Element                      | PUSH-UPS   | SIT-UPS  | CHIN-UPS   | RUN  | BURPEES  |
|------------------------------|--|--|--|--|--|
| Score<br>(fill out qty/time) |  |  |  |  |  |
| Level<br>(check one)         | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

A score of 'GOOD' or better per element in the Physical Fitness Assessment is the mandatory minimum for participation in an Agoge.

Date of Assessment:

Assessment Type (check one):

☐ IN PERSON
 ☐ LIVE VIDEO & STRAVA RUN
 ☐ VIDEO & STRAVA RUN

### AGOGE STUDENT

|           |  |      |  |
|-----------|--|------|--|
| Full Name |  | DOB  |  |
| Signature |  | Date |  |

### SGX COACH

I attest to the validity of this Agoge Physical Fitness Assessment administered by me. I certify that I am a currently certified SGX coach. I understand that classifying an unqualified registrant as GOOD or EXCELLENT could endanger the health and safety of the registrant and/or others.

|           |  |                        |  |
|-----------|--|------------------------|--|
| Full Name |  | Certificate Expiration |  |
| Signature |  | Date                   |  |

FORM INVALID WITHOUT CERTIFIED SGX COACH VALIDATION & SIGNATURE

## MEDICAL CLEARANCE FORM

All Agoge participants must obtain the signature of a licensed physician to complete this Medical Clearance. This form must be completed yearly. The registrant must notify Agoge event officials if they are subject to any injury, accident or illness which occurs prior to or during the event and . It will also be the participants responsibility to obtain a new Medical Clearance Form to resume participation.

Note to Doctor:

The below patient has applied to participate in the Spartan Agoge, an extreme endurance event of over sixty (60) consecutive hours held in remote locations around the world. This event requires medical clearance prior to participation. Clearance indicates that activities associated with the Spartan Agoge, including, but not limited to, sleep deprivation, covering distances of over 50 kilometers (~30 miles) on foot, climbing over obstacles higher than 1.8 meters (6 feet), lifting loads over 22 kg (50 pounds) and swimming distances over 200 meters (~656 feet), are not contraindicated for this participant.

## AGOGE STUDENT

|           |  |      |  |
|-----------|--|------|--|
| Full Name |  | DOB  |  |
| Signature |  | Date |  |

Please list any restrictions or concerns (including medications)

|  |
|--|
|  |
|--|

## DOCTORS OFFICE USE ONLY

The above patient is physically fit, and I have found no medical or observable conditions which should prevent them from participating in the Spartan Agoge. I hereby clear this patient for full participation in the Spartan Agoge.

|                |  |                        |  |
|----------------|--|------------------------|--|
| Doctors Name   |  | Certificate Expiration |  |
| Signature      |  | Date                   |  |
| Office Address |  | Office Phone           |  |

FORM INVALID WITHOUT DOCTOR'S SIGNATURE





### Health Insurance Portability and Accountability Act ("HIPAA") Privacy Notice

This notice describes how medical information about you or, if you are a guardian, your ward, may be used and disclosed and how you can get access to this information. Federal law requires Spartan Race, Inc. ("Spartan") to maintain the privacy and security of your or your ward's protected health information ("PHI"). As a part of this effort, we must:

- Notify you promptly if a breach occurs that may have compromised the privacy or security of your information.
- Follow the duties and privacy practices described in this notice and give you a copy of it.
- Not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may still change your mind at any time by letting us know in writing.

#### Race Operations and your PHI:

There are certain operational aspects of our business where specific disclosure of information becomes necessary and will be collected, without your expressed written permission for each and every specific occurrence, for registration, safety, and legal purposes. Some examples include:

- Requesting a photo ID at onsite race registration
- Securely transferring medical information through online registration
- Allergy intake forms
- Processing special athlete status verification
- Verbal or written correspondence with your and/or Spartan's insurance companies
- Medical staff informing you of potential treatments
- Handling of mail, newsletters, claims, bills, and referrals
- Verbal or written communication between designated medical professionals at each race and limited members of the Spartan race operations and legal departments
- Address enforcement of workers' compensation requirements and other governmental requests

#### We will never use your PHI for:

- Marketing purposes
- Sale of PHI

#### You have the following rights when it comes to your PHI:

- *The right to receive an electronic or paper copy of your medical record.*
- *The right to request to correct your PHI.*
- *The right to request confidential communications regarding your PHI.*
- *The right to request Spartan to limit the PHI we use or share.*
- *The right to receive a list of those with whom Spartan has shared your PHI.*
- *The right to receive a copy of this privacy notice.*
- *The right to choose someone to act on your behalf.*
- *The right to file a complaint if you feel that any of these rights have been violated.*
- *The right to permit us to or prohibit us from sharing PHI with your family or close friends, share information in a disaster relief situation, or using your PHI to contact you for fundraising efforts.*

#### Privacy Practice

It is our responsibility to guard and maintain information about you and your health in a private manner. This information will be disclosed within the organization on a "need-to-know" basis, and then kept confidential for your assurance that we comply with federal, state, and local laws on confidentiality of PHI.

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA****TO BE SIGNED BY REGISTRANT**

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form: In accordance with the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
2. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
3. Information disclosed under this authorization might be redisclosed by the recipient, and this redisclosure may no longer be protected by federal or state law.

Name and address of health provider or entity to release this information:

1. Spartan Race, Inc., 234 Congress Street, 4<sup>th</sup> Floor, Boston, MA 02110
2. Event Medic NY Inc., 901 North Broadway, N. Massapequa, NY 11758

Specific information to be released:

The results of the Medical Clearance Form attached, including any medical restrictions or concerns provided by the physician signing the Medical Clearance.

Date or event on which this authorization will expire:

One (1) year from today's date

If not the patient, name of the person signing this form:

Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. I have been provided a copy of Spartan's "HIPAA Privacy Notice – Participant Acknowledgement" document regarding protection of Personal Health Information (PHI).

|           |  |      |  |
|-----------|--|------|--|
| Full Name |  | DOB  |  |
| Signature |  | Date |  |