

TrainingZone's
“Runners’ Clinic”

Name _____ Age _____

Address _____

Phone _____ Email _____

Emergency Contact _____

Medical History (meds, allergies, etc) _____

PARTICIPATION RELEASE AND WAIVER

I hereby stipulate and agree as follows:

I realize the risks of a fitness/exercise program, and I am fully aware of the possibility of personal injury. I voluntarily assume any and all risk of loss, damage, or injury whatsoever and waive any liability from my participation in TrainingZone's injury prevention program, "Runners' clinic". I also voluntarily waive the right to institute any legal action or make any claim against TrainingZone, Inc., a New Hampshire corporation, whether it be litigation, mediation, arbitration, or any other means of dispute resolution, as a result of my participation in this activity. I hereby release and hold harmless TrainingZone, Inc., a New Hampshire corporation, its officers, directors, employees, independent contractors, subcontractors, agents, legal representatives, and insurers from any liability for injury, loss, or claim arising from any negligence or action, including, but not limited to, any defective and potentially dangerous equipment or conditions. I am physically sound and have medical approval to participate in this program. All activities shall be undertaken by me at my sole risk. I have no physical condition that would be aggravated by my involvement in this program, and I have no physical limitations that would preclude said involvement. Consultation with a physician prior to undergoing any dietary changes or commencement of an exercise program is recommended. Any recommendations for changes in a diet are solely my responsibility.

I have carefully read this "Participation Release and Waiver" and fully understand that it is a full and complete release of liability. By signing this release, I acknowledge that I understand and agree with its content.

Signed: _____

Printed Name: _____

Date: _____