



Running Clinic Release of Liability

Objectives: The purpose of the running clinic is to develop a set of skills that promote efficient running form, cardiorespiratory (aerobic) fitness, muscular strength and endurance, and flexibility. In learning these skills, we hope that you will minimize the chance of injury.

Potential Risks: The body's reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include, but are not limited to, muscular or joint injury, abnormal blood pressure, fainting, disorders of heart beat, and/or very rare instances of heart attack or death.

Confidentiality: All participant information will be treated as privileged and confidential and will not be revealed to any person (other than instructors involved in this program) without expressed written consent. Obtained information, however, may be used for statistical or scientific purposes with right to privacy retained.

Inquiry and Freedom of Consent: I have read the foregoing and understand the objectives, procedures, potential risks and benefits, supervision issues, and confidentiality involved. Unless otherwise indicated under the "comments" section below, I certify that I am in good health and have no condition that would limit/prohibit my participation in a running clinic. I understand that if there are any questions about the procedures or methods used during a session, I should ask my instructor. I realize that injury may result from this, or any exercise program as well as from improper techniques or misuse of equipment. I agree to be attentive to all instructions given to me and to exercise and use equipment correctly. I assume responsibility for monitoring my own condition throughout the running clinic and should any unusual symptom(s) occur, I will cease my participation and inform an instructor. I shall also notify an instructor of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by an instructor or other qualified personnel.

All Physical or Medical Issues or Concerns: List ALL physical, medical, psychological issues and concerns. Also list all injuries and medical history, which may in any way relate to, or be affected by, a program of running. You should consult with a physician prior to engaging in this program:

I hereby for myself, executors, administrators, and personal representatives release the instructors of this course, their agents and volunteers and course sponsors from all liability, and I waive, as against the organizers, agents, volunteers and sponsors, all claims whatsoever that I might have for personal injuries, death, property losses, or property damage suffered by participating in this course.

Printed Name: X _____

Signature: X _____

Date: _____

Witness: X _____

Date: _____

There is a chance that we will be taking photos at this clinic for use in advertising for future events and clinics. Do we have your consent? _____ YES _____ NO