

Athlete's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

Waiver: In consideration of being permitted to participate in the athletic, running and/or strength and conditioning program with Long Run Health LLC, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, covenant not to sue, and discharge Coach Joshua Sanchez, DC, CSCS (the "Coach") and Long Run Health LLC, from liability from any and all claims including, but not limited to, the negligence of the Coach or Long Run Health LLC resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in training activity and/or any training program suggested or established.

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

Parent/Guardian Signature (required if athlete is under 18 years old):

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

Assumption of Risks: Participation in running and conditioning programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. I know that running is a potentially hazardous activity and certify that I am in good health and physically fit to enter into a training program. I acknowledge that I am aware of the many risks involved in athletic training in general and running training specifically, which risks include by way of example and not limitation: 1) minor injuries such as scrapes, bruises, sprains and strains, 2) more serious injuries such as joint, muscle and bone injuries, concussions and other head injuries, heat related injuries such as heat exhaustion and heat stroke, dehydration and overhydration conditions such as hyponatremia, and catastrophic injuries and conditions such as heart attacks and other conditions or injuries which could be fatal. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in training for and participating in road, trail and track running and racing and any conditioning and cross training activities associated with that training. I hereby assert that my participation is voluntary, certify that I am sufficiently healthy and physically fit to enter into this program and that I knowingly assume all such risks.

\_\_\_\_\_ (initial) Parent/Guardian Initial (required if athlete is under 18 years old)

I agree and understand that I am solely responsible for evaluation and maintenance of my health and medical condition, and that it is my sole responsibility to determine my physical and medical fitness to undertake a strenuous training program. I acknowledge that being coached by Joshua Sanchez, DC, CSCS does not establish a doctor patient relationship. The Coach is providing assistance as to: (1) conditioning and (2) providing education or activities in a wellness setting for the purpose of injury prevention, reduction of stress, or promotion of fitness.

\_\_\_\_\_ (initial) Parent/Guardian Initial (required if athlete is under 18 years old)

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS the Coach and Long Run Health LLC from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees brought as a result of my involvement in the program and services provided by the Coach and/or Long Run Health LLC.

\_\_\_\_\_ (initial) Parent/Guardian Initial (required if athlete is under 18 years old)

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement consisting of three pages, fully understand its terms, and I understand that it involves giving up certain rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete accept the terms set forth above, including a release of liability.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (required if athlete is under 18 years old):

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

If patient is a minor, guardian name and relationship to athlete:

\_\_\_\_\_ Date \_\_\_\_\_