



## Old Falls Street USA: 2017 RUN CLUB REGISTRATION/WAIVER

(Please Print)

Name of Participant (First and Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate/Age: \_\_\_\_\_

**Please note that Run Club Participants must be at least 18 years old  
or accompanied throughout the entire run by a parent or guardian.**

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about this activity? \_\_\_\_\_

### INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to engage voluntarily in group runs organized by Old Falls Street USA in Niagara Falls, New York. I understand that the activities are designed to place a gradually increasing workload on the body in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout my workouts and should any unusual symptoms occur, I will cease my participation.

In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with running and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the group run and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the run, including any medical costs I incur.

### AGREEMENT AND WAIVER / RELEASE OF LIABILITY

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability to Old Falls Street USA, their elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.

2. Indemnify and hold harmless Old Falls Street USA, their elected and appointed officials, employees, students, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

Therefore, intending to be bound and as a condition of being allowed to participate in the group runs, I have freely signed this waiver on the date indicated.

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

Parent/Guardian Signature (Required if under 18 years old): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_