

Athlete's Name _____ Age _____

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted to participate in Coach Matt's VALIANT RUNNING TRAINING PROGRAM, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, VALIANT RUNNING from liability from any and all claims including the negligence of VALIANT RUNNING resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the VALIANT RUNNING TRAINING PROGRAM.

Signature

Date

Assumption of Risks: Participation in running and conditioning programs carries with its 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 limited to: 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 stroke and heat exhaustion, dehydration and over hydration 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 hereby acknowledge and understand, 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 and that I knowingly assume all such risks. _____ (Initial)

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS VALIANT RUNNING TRAINING PROGRAM 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 VALIANT RUNNING TRAINING PROGRAM _____(Initial)

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 of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read fully this agreement understand its terms, and I understand that I am giving up substantial rights, including my right to bring any legal actions or lawsuits against VALIANT RUNNING. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature

Date

Participation and Assumption of Risk Agreement

_____ “Athlete”, in consideration of being permitted to participate in the athletic, running and conditioning training program with Coach Matt’s (the “Coach”) VALIANT RUNNING TRAINING PROGRAM, acknowledge that participation in such a training program can be hazardous to my health and that I have an increased risk of injury by participating in this program.

I agree and understand that I am solely responsible for 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 the Coach is not a medical doctor and that advice and recommendations of the Coach are based upon the Coach’s training and experience as a runner.

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 but not limited to: 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 stroke and heat exhaustion, dehydration and over hydration conditions such as hyponatremia, and catastrophic injuries and conditions such as heart attacks and other conditions or injuries which could be fatal.

I accept all the inherent risks of participating in the running and conditioning training program. I understand and agree that Coach Matt shall assume no responsibility or liability for me for accident, illness, or loss of, or damage to, personal property resulting from participation in this Training Program.

The forgoing is submitted in consideration of Coach the coach allowing my participation in this Training Program. I confirm that I am of adult age and I execute this document with full knowledge of the contents and consequences stated in this Agreement.

Signature

Date

Covid-19 Participant Waiver and Photo Release

I know that running in the Valiant Running training service is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able, and by my signature, I certify that I am medically able to perform sessions, and am in good health. I agree to abide by any decision of a Coach to any aspect of my participation in these sessions, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I understand the guidelines of the sessions and agree to abide by them. I assume all risks associated with running in these coaching sessions, including but not limited to: falls, physical contact with other participants, volunteers, personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; rain; traffic and the conditions of the track or field including surrounding terrain and other possible people that may be utilizing the track or field. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I assume all such risks being known, appreciated, and accepted by me.

Having read this waiver and knowing these facts and inconsideration of your accepting my participation and registration, I, for myself and anyone entitled to act on my behalf, waive and release Valiant Running, the City of San Bruno, City of Daly City, and the Road Runners Club of America, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these sessions, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in these coaching sessions and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of these coaching sessions for any legitimate purposes. I understand that this coaching service does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the coaching service is cancelled before or during the session.

Signature:

Date:



ATHLETE QUESTIONNAIRE: In order to help us plan a fitness/athletic program for you, it is necessary to evaluate some of your health and lifestyle history, as well as your present running fitness. Please answer to the best of your ability. Your information will be kept confidential and used only in helping make recommendations for a fitness program.

Name _____ Date _____

Age _____ Sex _____ Height _____ Weight _____

Email: _____ Phone: _____

Mailing Address _____

Emergency Contact (Name and Phone): _____

Current State of Health: _____

Medications: _____

If currently sick or injured, describe difficulty and date of onset: _____

Health Risks (i.e.: family history, chronic disease, etc.): _____

Running Interest (check all that apply):

Fitness and Fun Recreational or Social Racing Training for Multi-Sport Racing for Improved Performance Racing for Awards (overall, age group, Boston Qualifying, etc.)

How Long Have You Been Running? _____

Would you consider yourself a Novice _____ or Experienced Runner? _____

Running Racing Experience: None: _____ Novice: _____ Experienced: _____

How Many Miles Per Week Have You Averaged Over the Past Three Months? _____

Have you ever done “speed” workouts, interval training, or “effort sessions: Y ___ N ___

Recent or Chronic Running Injuries:

Describe any problem with previous training or racing:

Most recent racing results, include distance, pace/time, and date:

Describe your current training goals – what are you trying to accomplish and by when?

Running Personal Bests:

Distance	Time	Year
Mile/1500		
5k		
10k		
Half-Marathon		
Marathon		
Other		
Other		

Additional comments or concerns: