

Name:	Birth Date:
Address:	
Phone number:	Email:
How did you hear about this Trail Running Clu	ub?
Twice a month emails are sent out regarding you do not want to receive these emails pleas	classes, special offers and healthy tips/recipes. If se tick here
In case of an emergency please contact:	
Please indicate any physical conditions, illnes limit participation in this club, any medications	sses or disabilities, current or chronic, which might currently taking or allergies known:
Family doctor:	Phone number:

## Agreement of Release and Waiver of Liability Form

I hereby agree to the following:

- 1) That I am participating in the Durham Trail Runners club, during which I will receive information and instruction about trail running. I recognize that trail running may require some physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risk and hazards involved.
- 2) I assume all risks and understand that the environment of trail running can be unpredictable including such hazards that are not limited to: fallen trees, changing terrain-rocks, stumps, inclinations, animals and sudden changes in weather. These factors can increase the potential for falls/injuries/death. Participating in an evening/night run would require the purchase of a headlamp for visibility. And even still visibility may be limited.
- 3) I understand that it is my responsibility to consult with physician prior to and regarding my participation in the Durham Trail Runners club. I represent and warrant that I am physically fit and have no medical condition which would prevent my full participation in the Durham Trail Runners club.
- 4) In consideration of being permitted to participate in the Durham Trail Runners club, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

- 5) In further consideration of being permitted to participate in the Durham Trail Runners club, I knowingly, voluntarily and expressly waive any claim I may have against the Durham Trail Runners, its instructors, volunteers and staff for any injury or damages that I may sustain as a result of participating in the program.
- 6) I, my heirs or legal representatives, forever release, waive, discharge and covenant negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

REGISTRANT'S SIGNATURE:
DATE:
If a registrant is under 18 a legal guardian's authorization is required:
AS LEGAL GUARDIAN OF:
I CONSENT TO THE ABOVE TERMS AND CONDITIONS
GUARDIANS'S SIGNATURE:
Photo Release Waiver
This photo release is made effective on this day of,
, I hereby grant and authorize Durham Trail Runners the right to edit, alter, copy, any and make use of all photos and/or videos taken of me to be used in and/or for promotional materials. This grant of use includes but is not limited to publishing on the Internet and email, magazines, pamphlets, advertisement fliers, and in whatever manner the Durham Trail Runners finds useful or for any other lawful purpose.
have listed the accounts I would like used.  Facebook:
Instagram:
Pinterest:
Twitter:
Printed name:
Signature: