



Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about this Trail Running Club? \_\_\_\_\_

Twice a month emails are sent out regarding classes, special offers and healthy tips/recipes. If you do not want to receive these emails please tick here \_\_\_\_

In case of an emergency please contact: \_\_\_\_\_

Please indicate any physical conditions, illnesses or disabilities, current or chronic, which might limit participation in this club, any medications 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 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.
- 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: \_\_\_\_\_

### **COVID CONSENT**

With the transmission of any communicable disease like a cold or flu, you may be exposed to COVID 19 (Coronavirus) at anytime or in any place. Rest assured that we are, and will remain in compliance with applicable regulations and are following the recommended protocols to limit transmission of disease. Despite our careful attention to these protocols there is still a chance that you could be exposed to illness while participating in Durham Trail Runners club, just as you might be at a grocery store, or a restaurant. While attending run sessions you will be required to social distance and wear a facial covering at all times with an exception when you are spaced 2 meters apart from other participants.

**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: \_\_\_\_\_