



Fleet Feet Running Club & Training Program Waiver and Medical Form

***Medical waiver is valid one year from date of your licensed physician's signature.**

WAIVER AND RELEASE OF LIABILITY: READ BEFORE SIGNING - In consideration of being allowed to participate in any way in a Fleet Feet Running Club Training Program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that: The risk of injury from the activities involved in this program is significant, and while other particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury or death does exist. I knowingly and freely assume all such risk, both known and unknown, even if arising from negligence of the Releasees or others, and assume full responsibility for my participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the Releasees immediately; and, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless K&K Insurance, FLEET FEET, Inc., Fleet Feet Albany, Fleet Feet Malta, Thwap Enterprises, Inc., Town of Colonie, Town of Malta, South Colonie Central School District, Saratoga Springs City School District, Ballston Spa School District, SUNY Albany, Skidmore College, Saratoga Spa State Park, New York State Parks and Recreation, State of New York, their agents, employees, coaches, volunteers, officers, directors, successors, and assigns, and any and all sponsors, their representatives and successors ("Releasees"), with respect to any and all injury, disability, death, or loss or damage to person or property associated with my presence or participation, including the aggravation of any pre-existing personal conditions of mine that may exist, whether I am aware of them or not, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law. I attest and verify that I am physically fit, that a licensed medical doctor has verified my condition, and that I may safely participate. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. Including commercial advertising without any payment, compensation or recognition to me. I am also acknowledging my understanding of the refund policy.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS.

Signature _____ Date _____

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (Under age of 18 years of age to 14 at time of registration): This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release provided above, of all Releasees, and, for myself, the participant, and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to the participant's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

Signature _____ Date _____

Name of Parent/Guardian _____ Date _____

Medical Clearance: Prior to starting a Fleet Feet Running Club running program you must have a licensed physician indicate that you are in good health and able to participate.

_____ is physically able to participate for one calendar year from inception/signature date in any Fleet Feet Running Club running program. Running program distances range from 3.1 mile (5K) to 26.2 miles (Marathon).

Physician Signature _____ Date _____