



(Please print this page, complete it and bring it with you to camp)

### **Agreement to use Strictly Running Coaching Service and Waive Liability**

I voluntarily choose to utilize the personal coaching services of Strictly Running in order to improve my training and racing. I understand that the training philosophy of Strictly Running is to very gradually and scientifically increase my ability to train and race more effectively. I also understand that this training philosophy may create certain potential risks such as abnormalities in my blood pressure, breathing, heart rate, and/or muscular-skeletal system that cannot be predicted with complete accuracy. I understand that I am responsible for monitoring my own condition throughout the training program developed by these personal coaching services which I have chosen and agreed to undertake, and should any unusual symptoms or conditions occur, I will immediately cease following the training program and inform my coach of the symptoms or condition. In stating that I agree to this agreement and waiver of liability, I acknowledge that I have read this form in its entirety and that I understand the potential risks associated with these personal coaching services. I also agree to consult with and obtain written permission from my primary care physician prior to undertaking this new training program. If I do not consult with and obtain permission from my primary care physician, I accept any and all consequences that may result from this inaction on my part. Finally, in consideration for being allowed to participate and choosing to engage in this training program, I agree to assume the risks of such training, and further agree to hold harmless Strictly Running from any and all claims, suits, losses, and/or related causes of actions and damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from, these personal coaching services.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Telephone: \_\_\_\_\_

Please list any potential medical limitations and/or medications used: