## **Nevada County Get moving 2017**

## GET MOVING 2017 COMMUNITY TRAINING – CONSENT & RELEASE



Today's Date:

PLEASE NOTE: Complete this form and sign, then bring it with you to the first night you attend Community Training.

First night of training is Monday, April 3rd, 6:00pm. One form per person.

Signature of Parent or Guardian if Under 18: \_\_\_

First Name:		Last Name:			
Date of Birth:		☐ Male	☐ Female		
Address:Street			City.	Chaha	7:
Street			City	State	Zip
Home Phone:	Work Phone:		Cell Phone:		
Email:					
Emergency Contact:	Name		Relation	Phor	ne
Be sure to check with your healtl	າ care provider befor	e starting a ru	nning/walking prog	ıram.	
<b>CONSENT &amp; RELEASI</b>	<b>:</b> :				
my heirs, personal representatives ThrailBlazers' Community Training Community Training Program resubut not limited to, participation in Assumption of Risks: I understand trisks that cannot be eliminated regand certify that I am in good health risks of injury and/or other condition conditions or injuries which could ated these and other risks that are conditioning and cross training act I knowingly assume all such risks.	Program from liability Iting in personal injury Iting in personal injury Itkac & Sierra TrailBlaze that participation in wardless of the care taken and physically fit to exposs involved in athletic be life threatening. I have inherent in training for	and from all cla and from all cla and classifiers or il alking/running alking/running and avoid injugate and avoid injugate and avoid in ge ave read the propers of the propers and participa	aims including the ne Ilnesses (including de 7 Training Program. and conditioning pro uries. I know that runr ning program. I ackno neral, and walking/ru evious paragraphs an ting in road, trail and	egligence of Trkac & Seath), and property lo cograms carries with it ning is a potentially howledge that I am aw nning training specified I know, understand track running and rac	ierra TrailBlazers' ss arising from, t certain inherent azardous activity are of the many fically, including d, and appreci- cing and any
Indemnification and Hold Harmless: Training Program from any and all fees brought as a result of my invo	claims, actions, suits, p	rocedures, cost	s, expenses, damages	and liabilities, includ	•
Severability: I, the undersigned furt to be as broad and inclusive as is p agreed that the balance shall, notw	ermitted by the law of	the State of Ca	alifornia and that if an		
Date:	_ Name of Applica	ant:			
Signature:					