



PARTICIPATION AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

EMAIL: _____

PHONE: _____ Can we text you run club updates? YES NO

Name & Phone of Emergency Contact: _____

Do you have any physical limitations (i.e. bee allergy, asthma) that could be aggravated by outdoor exercise? If so, please explain: _____

It is your responsibility to inform the coach of your limitations before the workout begins.

I represent and warrant that I am in good physical health and do not suffer from any medical condition which would limit my participation in Ship Shape Running Club. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the workouts held in North Coast Harbor organized by the Downtown Cleveland Alliance. I understand the risks associated with the activities offered by the Downtown Cleveland Alliance and I agree to follow all instructions so that I may safely participate in workouts or other activities.

I hereby WAIVE AND RELEASE the Downtown Cleveland Alliance, Department of Port Control, City of Cleveland, Fleet Feet, their employees, agents, contractors, volunteers, partners, its owners, officers, employees, and coaches from any claim, demand, cause of action of any kind resulting from or related to my participation in the programs offered in North Coast Harbor. In taking part in the workouts or other activities offered as a free public event organized by the Downtown Cleveland Alliance, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in the workouts or other activities.

I give my full permission to Downtown Cleveland Alliance and their sponsors and corporate partners to use any photographs, videotapes, audiotapes or other recordings that are made during the course of this workout.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Participant Signature (Parent/Guardian if under 18) : _____

Print name: _____ DATE _____

