

## PARTICIPANT ENROLLMENT

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender/Gender Identity \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

Emergency Contact (Name and Phone): \_\_\_\_\_

### **Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in Empowered Victory Walking Program, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, covenant not to sue and discharge First Grace United Methodist Church, First Grace Community Alliance, and Full Potential, LLC. from liability from any and all claims including the negligence of the program resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the Empowered Victory Walking Program.

**Assumption of Risks:** Participation in running, walking, and conditioning programs carry with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries.

I know that walking is a potentially hazardous activity and certify that I am in good health and physically fit to enter into a training program. I acknowledge that I am aware of the many risks involved in athletic training in general and running and walking training specifically, which risks include by way of example and not limitation: 1) minor injuries such as scrapes, bruises, sprains and strains, 2) more serious injuries such as joint, muscle and bone injuries, concussions and other head injuries, heat related injuries such as heat stroke and heat exhaustion, dehydration and over hydration conditions such as hyponatremia, and catastrophic injuries and conditions such as heart attacks and other conditions or injuries which could be fatal.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in training and in participating in any events, along with any conditioning and cross training activities associated with that training.

I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD HARMLESS First Grace United Methodist Church, First Grace Community Alliance, and Full Potential, LLC. from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Empowered Victory Walking Program.

**Severability:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement consisting of two pages, fully understand its terms, and I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_

### **Participation and Assumption of Risk Agreement**

“Participant”, in consideration of being permitted to participate in the athletic walking program acknowledge that participation in such a training program can be hazardous to my health and that I have an increased risk of injury by participating in this program.

I agree and understand that I am solely responsible for my health and medical condition, and that it is my sole responsibility to determine my physical and medical fitness to undertake a strenuous training program. I acknowledge that the Coach is not a medical doctor and that advice and recommendations of the Coach are based upon the Coach's training and experience as a trainer.

I know that running and walking are potentially hazardous activities and certify that I am in good health and physically fit to enter into a training program. I acknowledge that I am aware of the many risks involved in athletic training in general and running/walking training specifically, which risks include by way of example and not limitation: 1) minor injuries such as scrapes, bruises, sprains and strains, 2) more serious injuries such as joint, muscle and bone injuries, concussions and other head injuries, heat related injuries such as heat stroke and heat exhaustion, dehydration and over hydration conditions such as hyponatremia, and catastrophic injuries and conditions such as heartattacks and other conditions or injuries which could be fatal.

I accept all the inherent risks of participating in the walking and conditioning training program. I understand and agree that the Coach, First Grace United Methodist Church, First Grace Community Alliance, and Full Potential, LLC shall assume noresponsibility or liability for me for accident, illness, or loss of, or damage to, personal property resulting from participation in this Training Program.

The forgoing is submitted in consideration of allowing my participation in this Training Program. I confirm that I am of adult age and I execute this document with full knowledge of the contents and consequences stated in this Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PARTICIPANT QUESTIONNAIRE

In order to help us plan a fitness/athletic program for you, it is necessary to evaluate some of your health and lifestyle history, as well as your present running/walking fitness. Please answer to the best of your ability. Your information will be kept confidential and used only in helping make recommendations for a fitness program.

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender/Gender Identity \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Current State of Health: \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

If currently sick or injured, describe difficulty and date of onset: \_\_\_\_\_  
\_\_\_\_\_

Health Risks (i.e.: family history, chronic disease, etc): \_\_\_\_\_  
\_\_\_\_\_

Running/Walking Interest (check all that apply):

Fitness and Fun     Recreational or Social Walking/Running

Training to Move to Running     Training for Improved Performance

How Long Have You Been Walking or Running for exercise: \_\_\_\_\_

Walking or Running Event Experience: None: \_\_\_\_\_ Novice: \_\_\_\_\_ Experienced: \_\_\_\_\_

How Many Miles Per Week Have You Averaged Over the Past Three Months: \_\_\_\_\_

Average number of daily walking miles: \_\_\_\_\_

Describe any recent or chronic walking/running injuries... also if you have had any joint replacements and, if so, if you are you cleared by your doctor for the exercise you are looking to engage in:

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Describe any problem with previous training, walking, or running: \_\_\_\_\_

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Most recent longest distance, pace/time, and date: \_\_\_\_\_

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Describe your current training goals – what are you trying to accomplish and by when?

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Additional comments, concerns, or things you want us to know:

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