



## Waiver

### General Assumption of Risk & Release of Liability

Caution: This is a release of legal rights. Read and understand it before signing. Hit the Trails, LLC is a for profit company. Reference to Hit the Trails Training/Coaching includes all its officers, staff, volunteers, agents, and assigns. I freely choose to participate in the Hit the Trails coaching and/or training programs (henceforth referred to as "Hit the Trails Coaching. In consideration of my participation Hit the Trails training/coaching, I agree as follows:

### RISKS INVOLVED IN Hit the Trails Training/Coaching:

I am aware that running, practicing, training, and/or other involvement in any sport can be a dangerous activity involving MANY RISKS OF INJURY, including, but not limited to the potential for catastrophic injury. I understand that the dangers and risks of running, practicing, or training in any athletic activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. Because of the dangers of participating in any athletic activity, I recognize the importance of following all instructions of the coaching staff and/or Sports Medicine Staff.

### HEALTH AND SAFETY:

I have been advised to consult with a medical doctor with regard to my personal medical needs. I state that there are no health-related reasons or problems that preclude or restrict my participation in Hit the Trails Training / Coaching. I recognize that Hit the Trails training/coaching is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. In case of medical emergency occurring during my participation in Hit the Trails training / coaching, I authorize in advance the representative of Hit the Trails Training / Coaching to secure whatever treatment necessary, including the administration of an anesthetic and surgery. Hit the Trails Training/Coaching may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. Such actions do not create a special relationship between Hit the Trails Training/Coaching and me. I release, Hit the Trails Training/Coaching its officers, officials, employees, volunteers, agents and assigns from all liability for any bodily injury or damage I sustain as a result of any medical care that I receive resulting from my participation in Hit the Trails Training/Coaching, as well as any medical treatment decision or recommendation made by an employee or agent of Hit the Trails Training/Coaching. I agree to pay all expenses relating thereto and release Hit the Trails Training/Coaching from any liability for any actions.

### ASSUMPTION OF RISK AND RELEASE OF LIABILITY:

Knowing the risks described above, and in voluntary consideration of being permitted to participate with Hit the Trails Training/Coaching, I agree to release, indemnify, and defend Hit the Trails Training/Coaching and their officials, officers, employees, agents, volunteers, and sponsors from and against any claim which I, the participant, my parents or legal guardian or any other person may have for any losses, damages or injuries arising out of or in connection with my participation with Hit the Trails Training/Coaching.

**SIGNATURE:**

I indicate that by my signature below that I have read the terms and conditions of participation and agree to abide by them. I have carefully read this Release Form and acknowledge that I understand it. No representation, statements, or inducements, oral or written, apart from foregoing written statement, have been made. This Release Form shall be governed by the laws of the State of Florida which shall be the forum for any lawsuits filed under or incident to the Release Form or to Hit the Trails Training/Coaching. If any portion of this Release Form is held invalid, the rest of the document shall continue in full force and effect.

Signature of Hit the Trails Training/Coaching Participant

Date

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Signature of Parent or Legal Guardian (if participant is a minor)

Date

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