



## Couch to 5K

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

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

T-shirt size: \_\_\_\_\_

### *Participant Waiver*

I know that running is a potentially hazardous activity, which could cause injury or death. I will not sign-up and participate unless I am medically able, and by my signature, I certify that I am medically able to perform in this Couch to 5K class, and am in good health. I agree to abide by any decision of the instructor to any aspect of my participation in this class, including the right to deny or suspend my participation for any reason whatsoever. I assume all risks associated with training, running, and participating in this class, including but not limited to: falls, contact with other participants, the effects of the weather (including high heat and/or humidity), traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my sign-up, I, for myself and anyone entitled to act on my behalf, waive and release the Couch to 5K class, the city of Cartersville and all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this class, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate promotional and marketing purposes.

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

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

Parent's Signature (if under 18 years): \_\_\_\_\_

Email completed form to: [SJDHealthandFitness@gmail.com](mailto:SJDHealthandFitness@gmail.com)

Or mail completed form to:

41 Whistle Stop Drive  
Cartersville, GA 30120

Make your \$125.00 check payable to: **Susan Delmonico**