

LOLA Runners Release Waiver

Athlete's name _____ Date _____

Participation release, waiver and assumption of risk agreement for LOLA runners

I acknowledge that running and participation in sports activities are potentially hazardous and involve risks which may include (but are not limited to) minor injuries such as scrapes, bruises, sprains and strains, and more serious injuries including broken bones, concussions or head injuries and heart attacks. Other risks may include heat stroke and heat exhaustion, dehydration and hyponatremia.

I certify that I am in good health and able to safely participate in the LOLA runners run group activities. I understand and agree that I am solely responsible for any injuries that I may suffer while participating in LOLA runners activities. I recognize that run group activities have a certain degree of risk, and I knowingly and voluntarily assume the risk of any injuries, regardless of severity, including death, and all risk of damage to or loss of property that may incur, even if arising from the negligence of LOLA runners, while I am participating in LOLA runners activities. I, on behalf of myself, my agents, spouse, family members, heirs and next of kin, hereby agree to release, indemnify, and hold harmless Leslie Hoffmann, PT LLC, d.b.a. LOLA runners, employees or other support team members from any responsibility or liability for personal injury, including death and damage to or loss of property that may occur while I am traveling to or from, participating in runs or running related events, or being triaged by volunteers.

In addition, I understand that LOLA runners does not provide medical insurance coverage. In the case of medical emergency and in the event that I or my spouse, parent or guardian, cannot respond at the time of the emergency, LOLA runners has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for my welfare. I understand and agree that I, and not LOLA runners, shall be responsible for any and all charges for such healthcare services regardless of whether my medical insurance would cover such charges.

I agree to the above conditions as a prerequisite to participation in the running and running related activities of LOLA runners run group.

Signature

Date

Active email address _____

Emergency contact _____
Name

Phone