Rogers County Fitness Training Program
Required Form – Must Complete, SIGN BOTH pages and Return to:
Renetta Harrison, RCHD, 2664 N. Hwy 88, Claremore, OK 74017 - 918-341-3715 FAX –
Or email to renettah@health.ok.gov

Participant Name: **MUST BE 13 yrs. or older (or baby in stroller)**

_____
(First) *(Last)*

If under 18 - Parent/Guardian's **PRINT Name**: _____

REQUIRED Parent/Guardian's Signature: _____
(Parent and child must be in same group)
Mailing Address:

_____

_____
(City) *(State)* *(Zip)*

E-mail:_____

Phone # (918) _____ Age: _____ □ Male □ Female

In Case of Emergency Contact: _____ Phone # (918) _____

OR: _____ Phone# (918) _____

T-shirt size: (these are unisex sizes) S M L XL 2X 3X 4X

Registration for: _____ Walk _____ Walk/Run _____ Advanced Walk or Run (not mentored)

Signature: _____ Date: _____

Rogers County (RoCo Fit) Fitness Training Program
Participant Acknowledgment and Release

I, _____, in consideration of my participation in activities and exercises of RoCo Fitness Training Program, including any athletic training program(s), hereby agree and acknowledge:

1. Physical activities and exercise may be dangerous to my health following a period of non-activity, and I agree that before undertaking any physical activities, training or exercises suggested, sponsored or promoted by RoCo Fitness Training Program, or its leaders, participants and/or members, that I will seek appropriate medical or professional advice as to whether I am healthy enough for it and whether I should participate in the activity, whether walking, running, cycling, swimming or any other physical exertion (and warm-up or cool-down activities related to the same). That is, I will consult a health-care provider before undertaking an increase in my physical activity by joining RoCo Fitness Training Program or participating in its activities and training.
2. The leaders and members of RoCo Fitness Training Program are merely experienced participants in various forms of exercise, and I agree that I will not assume any other participant, member or leader is an expert with any special qualification or endorsement of any body, especially with respect to diagnosis or treatment of any injury I may suffer, and with respect to any pre-existing condition(s) I might have. That is, I hereby release the following and agree I will not hold any other participant, member or leader of or in RoCo Fitness Training Program liable for any injury, damage or loss I may suffer (including loss of life and aggravation of any previous injury or condition) as a result of my participation in the activities, training and exercises held, conducted, promoted or sponsored by RoCo Fitness Training Program.
3. The activities of RoCo Fitness Training Program are generally conducted in public places such as parks and public rights-of-way, and at various times of day or night, and in various conditions of weather, and I agree that I am solely responsible for my safety in all such activities or exercises. That is, I will not hold any other participant, member or leader of or in RoCo Fitness Training Program liable for any injury, damage or loss I may suffer, including loss of life, as a result of conditions occurring during the activities, training and exercises held, conducted, promoted or sponsored by RoCo Fitness Training Program, such as but not limited to weather (snow, ice, rain, lightening, wind or cyclone, puddles and washes), potholes, uneven pavement or soil, loose pavement or soil, acts of animals, both domestic and feral, or traffic of any type on or about any location where the activity or exercise is conducted. This release shall extend to all places I might be during such activity, training and exercise, whether public or private, and include any forms of transportation I might utilize in the company of other RoCo Fitness Training Program participants.
4. With the knowledge that I will not receive compensation, further value, or consideration, I hereby consent to all photographs, videos and sound recordings that may be taken of me and/or any minor in my guardianship and/or written description of my/our activities involving this program. I agree the photos, videos and my voice may be used by Rogers County Fitness Training Program, and others authorized by this entity for the purposes of illustration, promotion or publication regarding the program, in any legally authorized manner. The photographs, video and sound will not be used for any commercial, money-making purpose. I understand that by signing this release form, I am waiving any privacy rights I may have in relation to these photographs, videos and sound recordings. Further, I understand that the leaders and members of RoCo Fitness are not health care providers; this means that any disclosure I make of my personal health information is not covered by any privacy rules or regulations, including but not limited to HIPAA.
5. Finally, I agree and covenant that I will not sue or make any claim against any other participant, member or leader for any injury, damage or loss I may suffer, including loss of life, as a result of my participation in the activities and exercises held, conducted, promoted or sponsored by RoCo Fitness Training Program.

I hereby represent and warrant that I am over 18 years of age, of sound mind and full mental capacity and freely and voluntarily sign this Acknowledgment and Release.

If I am signing on behalf of a person under 18 years of age, I warrant and represent that I am legally authorized to sign on behalf of such minor as guardian, and I will hold the participants, members and leaders of RoCo Fitness Training Program harmless from any claim brought by or on behalf of the minor for any loss, damage or injury resulting from his/her participation in the activities, training and exercises of RoCo Fitness Training Program.

Dated: _____

_____
SIGNATURE
Print Name: _____

Address: _____

Phone: _____