Rogers County Fitness Training Program Required Form – Must Complete, SIGN BOTH pages and Return to: Larry Rahmeier, Rahmeier & Sanbrano, PLLC, 210 S. Florence Ave, Claremore – Or email to mailto:getfit@rocofit.org

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

(First)	(Last)	
If under 18 - Parent/Guardian's PRINT Nan	ne:	
REQUIRED Parent/Guardian's Signatur (Parent and child must be in same group)	e :	
(City)		
E-mail:		
Age: Male Female		
In Case of Emergency Contact:		Phone # (918)
Do you want a program T-shirt?	Yes	No
If YES, please remember sizes and color first choice basis.	rs are limited: they v	vill be handed out on a first-earned
Signature:	Date	:

PLEASE ALSO SIGN BACK OF THIS FORM!!!

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. I recognize that the COVID-19 pandemic is not fully behind us, and that gathering in groups may be regulated or restricted by civil
authorities, or become so during the session. I agree to obey any law, ordinance or regulation which may affect my participation at
any location used during the session. In addition, I agree specifically to adhere to CDC guidelines and wear a mask when
recommended by CDC (unless I am exempt) and practice social distancing to the best of my ability.
6. 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.
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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

______ Date: ______

participation in the activities, training and exercises of RoCo Fitness Training Program.

SIGNATURE