

Exercise Waiver

Gaston County Health Department

Girls on the Run

I, _____(participant's name), voluntarily choose to participate in *Girls on the Run*, a program sponsored by the Gaston County Health Department. I have been informed and understand that *Girls on the Run* is designed to place a gradually increasing workload on my muscles and cardiopulmonary (heart and blood vessels) system in an attempt to improve their functioning. The exercises may exceed my physical ability and I am cautioned not to overwork my body and to do only the movements which I am physically capable of executing. I have been advised that I must be in good health to participate in this program and that before starting any exercise program, I should consult with a physician for myself. If, at any time during my participation in *Girls on the Run*, I experience any form of chest pain, pain in the extremities, discomfort, dizziness, fainting, or other similar symptoms, I will discontinue participation in the program and consult a physician.

I am fully aware, understand, and accept the risks involved, which I have had explained to me, in participating in *Girls on the Run*. Upon registration in this program, I do hereby RELEASE for myself, my heirs, my executors and administrators, and WAIVE any and all rights to claims for damages arising from any illness, injury or occurrence or aggravation thereof as a result of participation or connection with said Gaston County Health Department event. I hereby release and hold harmless the Gaston County Health Department, the sponsors of and suppliers to *Girls on the Run*, and their respective directors, officers, employers, agents, successors, volunteers, and expenses arising from my participation in *Girls on the Run*. This release also applies to ordinary negligence of either party, including negligence related to the condition or maintenance of the property over which the program will occur and any other negligence expressed or implied in law, statute, regulation, or public policy.

I have read and understand the foregoing statements. Any questions which have arisen or occurred to me have been answered to my satisfaction. None of the answers provided to me orally have been in any manner inconsistent with the information provided in this statement.

Please Sign Below

Participant

Parent or Guardian

Date: _____

Please Print Below

Participant

Parent or Guardian

Participants under the age of 18 must have this form signed by a parent or guardian.