

**Indian Health Care Resource Center**

**Running Strong Program –Participation Agreement and Release of Liability**

**Start Date: February 1<sup>st</sup>, 2022**

**End Date: July 31<sup>st</sup>, 2022**

**Welcome to the IHCRRC Running Strong Program.** The IHCRRC Running Strong Program is a FREE running/walking club for Native Youth and Adults. The program goal is to increase fitness, and introduce youth and adults to running as a lifetime sport.

Participant's Name \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Tribal Affiliation \_\_\_\_\_ Shirt Size \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Run/Walk Pace: \_\_\_\_\_ Goal Run/Walk Pace: \_\_\_\_\_

How many miles can you walk or run today without fatigue? \_\_\_\_\_ How many miles would you like to walk or run by the end of the season? \_\_\_\_\_

What is your body weight now? \_\_\_\_\_

What was it one year ago? \_\_\_\_\_

How tall are you? \_\_\_\_\_

What are your personal health or fitness goals? \_\_\_\_\_

**We are here for you and want you to be successful.** IHCRRC will provide weekly practices, a race shirt, and up to FIVE paid race entries. Your level of participation will determine both how quickly you meet your personal goals and your eligibility for additional incentive opportunities through your membership in the IHCRRC Running Strong Program.

**Please initial each line to indicate your commitment to the program:**

\_\_\_\_\_ I agree to get a medical clearance signed by my doctor and turn it in to Jennie Howard before I begin participating in practices and races.

\_\_\_\_\_ I will turn in a copy of my CDIB card to Jennie Howard before participating in practices and races.

\_\_\_\_\_ I commit to participate in the monthly races.

\_\_\_\_\_ I understand in order for my race fees to be paid I must submit an activity log by the 11<sup>th</sup> of each month OR post my walks/runs/workouts in the designated Facebook albums.

\_\_\_\_\_ I understand I am responsible for picking up my own race packets and completing my race virtually OR in-person on the scheduled race date/time.

\_\_\_\_\_ I understand I can register for up to FIVE paid races.

\_\_\_\_\_ I understand if I do not complete my race, I am responsible for refunding my race entry to IHCRRC Running Strong Program or I will not be able to get any future races paid by Running Strong.

\_\_\_\_\_ I agree to train TWELVE to TWENTY times each month. These training sessions include (running, walking, swimming, dancing, cycling, sports activities, etc.)

**Please initial each line to indicate your understanding of the fitness guidelines of the program:**

\_\_\_\_\_ I understand to reduce health risks and manage weight, the recommended steps per day is 10,000 and I will continuously work toward reaching that goal.

\_\_\_\_\_ I understand as an adult, I need at least 150 minutes of moderate-intensity aerobic activity per week.

\_\_\_\_\_ I understand as a child, I need at least 60 minutes of physical activity each day.

**Regarding Children:** I understand the commitment and expectations stated here regarding my child's participation in the IHCRRC Running Strong Program. The child enrolled here is interested in a running program, and understands the commitment to the program and all of its components. If children are enrolled and competing in the races, they are expected to run and train on their own.

**RELEASE OF LIABILITY**

I acknowledge that my participation in the IHCRRC Running Strong Program involves a risk of injury, including bodily injury, and assume the risk for same. On my own behalf and on behalf of my heirs and legal representatives and to the fullest extent permitted by law, I hereby release and discharge Indian Health Care Resource Center (IHCRRC) and their respective directors, officers, employees, affiliates, members, agents and representatives, of and from any and all liability for injury, death, or damages and/or any other claims, demands, losses or damages, incurred by me in connection with any aspect of the IHCRRC Running Strong Program. I understand that I must undergo a medical exam in order to participate in this program, and must submit a medical release signed by my medical provider on an annual basis.

**DISCLAIMER**

If necessary, IHCRRC staff may administer first aid or emergency treatment procedures to me which may include admission to a hospital.

**PHOTO / MEDIA WAIVER**

IHCRRC staff will be photographing participants of the IHCRRC Running Strong Program. Pictures will be taken during the duration of the program and may be made available to the public. I understand that I will have no rights, financial or otherwise, to these photographs. I give my consent to allow myself to be videotaped and photographed for educational and promotional purposes related to IHCRRC.

I have signed this Contract for Participation, Release, Assumption of Liability, Waiver of Liability and Understanding of Informed Consent on behalf of my child or myself on this \_\_\_\_\_ day of \_\_\_\_\_. The release is effective from this day forward.

\_\_\_\_\_  
Participating Adult or Parent Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Printed Name