**The Madison County Public Library’s Running Program**

**Adult Participation Agreement and Release of Liability:**

 I understand that there are inherent risks involved in participating in physical activity and that I will assume all risks and hazards incidental to such participation as hereinafter stated:

 In consideration of being allowed to participate in the Madison County Public Library’s Running Program, I do hereby forever waive, release, and discharge Madison county Public Library, its employees and agents from any and all claims or liabilities for injuries or damages to my person and or property including those caused by the negligent act or omission arising out of or connected with my participation in the activities related to the Running and Activity Programs.

 I hereby express and affirmatively state that I wish to participate in the Running Program provided by the Madison County Public Library. I realize that my participation in this activity involves risk of injury including but not limited to bodily injuries, heart attack, stroke, and even death. I also recognize that there are many other risks of injury, including serious disabling injuries, which may arise due to my participation in this activity and that it is not possible to list each and every individual injury risk. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in this program. I do hereby acknowledge that I have been informed of the need for a physician’s approval for my participation in the exercise activities programs. I also acknowledge that it has been recommended that I have yearly or more frequent physical examinations and consultations with my physician as to physical activity and exercise. I acknowledge that I have either had a physical examination and have been given my physician’s permission to participate, or that I have decided to participate in the exercise activities without the approval of my physician and do hereby assume all responsibility for my participation in said activities. Knowing, understanding and appreciating risks and reasonably anticipating that other injuries or even death are a possibility, I hereby expressly assume all risks of injury, which could occur by reason of my participation in this running program.

**Signature Date**

**Please sign, date and return this waiver to any coach at your first running meeting.**

**The Library’s Running and Activity Participation Agreement and Release of Liability for Minor**

I , parent of the minor child named below, give permission for the minor child to participate in the Madison County Public Library’s Running Program. I understand that there are inherent risks involved in participating in physical activity and I agree that I will assume all risks and hazards incidental to such participation as hereinafter stated:

\_\_\_\_\_ **Release of Liability:** In consideration of my child being allowed to participate in the Madison County Public Library’s Running Program, I, on behalf of my child, do hereby forever waive, release, and discharge Madison County Public Library, its office, directors, employees and agents from any and all claims or liabilities for injuries or damages to my minor child and/or property, including those caused by the negligent act or omission arising out of or connected with my minor child’s participation in the activities related to the Running Programs.

\_\_\_\_\_  **Acknowledgement of Risk**: I hereby expressly and affirmatively state that I wish for my minor child to participate in the Running Program provided by the Madison County Public Library. I realize that my minor child’s participation in this activity involves risk of injury including but not limited to bodily injuries, heart attack, stroke and even death. I also recognize that there are many other risks of injury, including serious disabling injuries, which may arise due to my minor child’s participation in this activity and that it is not possible to list each and every individual injury risk. I do hereby further declare my minor child to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent his or her participation in this program.

**\_\_\_\_\_ Medical Opinion:** I do hereby acknowledge that I have been informed of the need for a physician’s approval for my minor child’s participation in the exercise activities programs. I also acknowledge that it has been recommended that my minor child have yearly or more frequent physical examinations and consultations with his or her physician as to physical activity and exercise. I acknowledge that my minor child has either had a physical examination and has been given his or her physician’s permission to participate, or that I have decided to allow my minor child to participate in the exercise activities without the approval of his or her physician (against the recommendation of the Madison County Public Library) and do hereby assume all responsibility for his or her participation in said activities. Knowing, understanding and appreciating the risks and reasonably anticipating that other injuries or even death are a possibility, I hereby expressly assume all risks of injury for my minor child, which could occur by reason of his or her participation in this program.

\_\_\_\_\_  **Medical Authorization:** Further, I authorize Madison County Public Library, at the discretion of any employee, to obtain medical care for the child and/or transport or arrange to transport the child to an appropriate medical facility if medical attention appears to be necessary. I further authorize a medical care provider to carry out any emergency medical care of the child. I agree to pay all costs associated with such medical treatment and related transportation for the child. I agree that the child has health insurance to pay any medical bills incurred for personal injuries as part of this program and waive any right of subrogation against Madison County Public Library. To the fullest extent allowed by law, I agree to pay without right of subrogation, all uninsured medical expenses incurred by the child as a result of their participation in the Madison County Public Library’s Running program, even if the expenses result from the alleged negligenceof Madison County Public Library or its officers, directors, agents, and employees..

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Witness