

FCA RUNNING PROGRAM LIABILITY WAIVER/INFORMED CONSENT FORM

"I, _____, have enrolled in a specialized running program through the Fellowship of Christian Athletes River Valley Run. I recognize that the program may involve strenuous physical activity. I hereby affirm that I am in good physical condition and do not suffer from any known disability or condition which would prevent or limit my participation in the program."

"In consideration of my participation in the running program I, _____, hereby release FCA and its agents from any claims, demands, and causes of action as a result of my voluntary participation."

"I fully understand that I may injure myself as a result of my participation in the program and I _____, hereby release FCA and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to the knee, the back, to the foot or soreness that I may incur including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

_____ (Participant Signature)
_____ (Date)
_____ (Signature of legal guardian if
participant is a minor)

Fellowship of Christian Athletes
River Valley Run
3223 Old Greenwood Rd.
Fort Smith, AR 72903

Your email address _____