

**Horizon Physical Therapy Running Clinic**

AGREEMENT AND RELEASE FROM LIABILITY

There is an inherent risk of injury, whether caused by me or someone else when participating in the **Horizon Physical Therapy Running Clinic** or recommendations made at the **Horizon Physical Therapy Running Clinic**. This risk is not limited to (a) injuries arising from use of equipment while at the **Horizon Physical Therapy Running Clinic**, including any accidental "slip and fall" injuries; (b) injuries arising from participation in any activities endorsed as recommendations while at or later independently from the **Horizon Physical Therapy Running Clinic** (c) injuries or medical disorders resulting from examinations at the **Horizon Physical Therapy Running Clinic** included but not limited to heart attacks, strokes, heart stress, sprains, broken bones and strained or torn muscles or ligaments; and (d) injuries resulting from any actions taken or decisions made regarding medical or survival procedures.

I understand and voluntarily accept these risks. I agree to specifically assume all risk of injury, whether physical or mental including death, as well as risk of loss, theft or damage of personal property while at or participating at the **Horizon Physical Therapy Running Clinic** whether inside or outside the facility where the **Horizon Physical Therapy Running Clinic** is taking place.

I or my assigns, heirs, distributees, guardians, and legal representatives waive any and all claims or actions that may arise against the **Horizon Physical Therapy Running Clinic**, Horizon Physical Therapy Inc., their affiliates, subsidiaries, successors, assigns, independent contractors, and agents as well as parties owners, directors, employees or volunteers as a result of any such injury, loss, theft or damage including and without limitation, personal, bodily or mental injury including death, economic loss, theft or any damage resulting from negligence of the **Horizon Physical Therapy Running Clinic**, Horizon Physical Therapy, Inc., their affiliates, subsidiaries, successors, assigns, independent contractors, and agents as well as parties owners, directors, employees or volunteers or anyone else participating in the **Horizon Physical Therapy Running Clinic**.

If there is any claim by anyone based on injury, loss, theft or damage that involves me, I agree to defend the **Horizon Physical Therapy Running Clinic**, Horizon Physical Therapy, Inc., their affiliates, subsidiaries, successors, assigns, independent contractors, and agents as well as parties owners, directors, employees or volunteers against such claims and pay such parties for all expenses relating to the claim, and indemnify **Horizon Physical Therapy Running Clinic**, Horizon Physical Therapy, Inc., for all obligations resulting from such claims.

I realize activities at the **Horizon Physical Therapy Running Clinic**, or recommendations made there involve physical exertion and that I am in physical condition to participate and if unsure it is highly recommended that I check with my doctor before participation.

I HAVE READ THE ABOVE THOROUGHLY AND UNDERSTAND THE TERMS. MY PARTICIPATION IN THE **Horizon Physical Therapy Running Clinic** AND IT'S SELECTED ACTIVITIES AS WELL AS MY AGREEMENT TO THE FOREGOING ARE BOTH PURLEY VOLUNTARY AND ELECT TO DO SO IN SPITE OF THE RISKS. I SIGN THIS DOCUMENT OF MY OWN FREE WILL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If under 18:

\_\_\_\_\_  
Parental Signature

\_\_\_\_\_  
Date

DECLARATION OF WITNESS

I certify that \_\_\_\_\_ acknowledged in my presence that he/she had read and fully understood the meaning and consequences for the foregoing Release, and signed it in my presence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date