

Fall 2010 XC Ski Training with Go! Training High School and Collegiate Training

Name: _____
Address: _____
City, Zip _____
Phone _____ Age _____
Email (REQUIRED) _____
Emergency Contact with phone _____
Health issues that could affect your training _____

Cost: 2 days per week \$325
3-5 days per week \$550

PAYMENT INSTRUCTIONS: **Go Training**
Please make checks out to: **4845 Emerson Ave S.**
 Minneapolis, MN 55419

WAIVER AND RELEASE OF LIABILITY

Identification of Risk. I, _____, know that physical training for cross country skiing, running, biking, general fitness or strength involves risk of injury or property damage, which includes serious injury, including permanent disability and death. I understand that these injuries might result not only from my actions, but the actions, inactions, or negligence of others.

Assumption of Risk. I agree that I am responsible for my health and safety while training for and participating in cross country skiing, running, biking, general fitness and strength training, including any other sports or exercises I may participate in to further my training. I assume all risks, both known and unknown, connected with my participation. I understand that any physical training program should only be undertaken after a full examination by, and receipt of permission from, my doctor.

Waiver. Being aware of the risks and willing to assume them, I waive, release, and hold Go! Training, Piotr Bednarski, and owners/lessors of used premises from all claims for liability, injury, loss, wrongful death or property damage connected with my training plan and program and the exercises and sports that I undertake in order to further my training. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns.

Insurance. I currently have, and agree to maintain throughout the time I participate, sufficient medical and accident insurance. I understand that this is my responsibility and release any one else from providing it for me.

I have read this agreement and waiver carefully, understand that I give up substantial rights by signing it, and sign it voluntarily.

_____ Date _____
Participant's signature

For participants under age 18:

I consent to the above person's participation in training for cross country skiing, running, biking or general fitness and strength. I acknowledge that I assume all risks, known and unknown, and waive all claims in advance.

_____ Date _____
Parent/guardian's signature