

Breakaway Training

Integrated & balanced training
for triathletes & cyclists



BREAKAWAY TRAINING'S REGISTRATION and ACKNOWLEDEMENT and RELEASE of LIABILITY WAIVER For the 2009-10 Indoor Trainer Workout Class

I, _____ (athletes name), understand that there are inherent risks in participating in a program of strenuous exercise. I hereby agree to participate in Breakaway Training's Class and I willingly assume the responsibilities and risks of participation upon the understanding and condition that:

1. I represent that I am physically capable of participating in vigorous cardiovascular exercise and in light of my prior health history, weight and physical condition; I have not been advised against participation in an exercise program by a qualified health professional.

Please initial: _____

2. I agree to inform Breakaway Training's staff before participation in any other program that may effect any changes in my physical condition or of any condition that may arise, including pregnancy, which might in any way adversely affect my ability to perform any recommended exercise safely. In case of injury, illness, or disability, I agree to obtain a written statement from my physician indicating that it is safe for me to continue participation in the program.

Please initial: _____

3. I am hereby waiving and releasing Breakaway Training, LLC, Julie Browning from any and all claims, costs, liabilities, expenses or judgments, including attorney's fees and court costs arising from any injury or illness that may result from participating in the Breakaway Training's Indoor Trainer workout class. I hereby agree that my heirs, guardians, legal representatives, and assigns will not make any claims against Breakaway Training, LLC, Julie Browning for injury or illness that may result from my participation in this program.

Please initial: _____

I hereby execute and deliver this Release and Liability Waiver to include Breakaway Training, LLC to permit me to participate in this program. I represent that I have taken the time to carefully read and understand the language and intent of this Release and Liability Waiver. I also agree to make payment of any fees or charges for services in a timely manner as agreed upon.

ATHLETE:

Term 1: Cycling Class I (5:30pm) Or Class II (7pm) \$ _____

(Registration – Please circle class)

(Amount enclosed – Checks made out to Breakaway Training)

(Print Name)

(Email Address)

(Street Address)

(Phone Number)

(City, State, Zip)

(Signature)

(Date)

Please return registration/waiver forms along with payment to Breakaway Training, 8780 SW Dolph St, Portland OR 97223.