

**PRO CARE REHABILITATION LLC**

**4 Walter E. Foran Blvd. Unit 203**

**Flemington, NJ 08822**

**RUNNER’S WAIVER AND CONSENT FORM**

**Warranty of Runner’s Fitness**

The undersigned (hereinafter, “the Runner”) hereby warrants to Pro Care Rehabilitation LLC ( hereinafter, “Pro Care”) that he or she is eighteen (18) years of age or over, is in good physical condition, and that he or she has no impairment or ailment preventing him or her from engaging as an active participant on the Pro Care Run Team.

**Absolute Release of Liability**

In consideration of being permitted to participate as a member of the Pro Care Run Team in any manner, including but not limited to running, practicing, coaching, spectating, or being part of the Run Team in any manner or in spectator areas for any purpose whatsoever, and fully understanding that participation on the Pro Care Run Team may include the risk of serious personal injury, the undersigned Runner fully and absolutely assumes full responsibility for the risk of injury due to participation, weather conditions, running conditions (including the venue of the run and any equipment), other participants, of any magnitude including fatality, and does hereby forever absolutely release and agrees to hold harmless Pro Care, all government bodies and land owners that may sanction or permit the participation of a running event and all employees, other participants, agents, servants, officers, public officials, volunteers, event officials, and sponsors from all claims for damage whatsoever of any kind now and in the future. The Runner further acknowledges that he or she is responsible for their own running sneakers and any other pertinent running equipment. To the extent the Runner does not utilize the proper sneakers or other gear, the Runner assumes full responsibility for the risk of injury.

**Limitation of Liability**

The Runner shall participate in events that Pro Care signs up for at his or her own risk. The Runner waives any and all claims, of whatsoever kind of nature that may arise against Pro Care as a result of the Runner’s participation in the events Pro Care signs up for. The Runner also acknowledges recognition of any rules that Pro Care places into effect, including but not limited to certain necessary apparel. Any deviation from any rules is at the Runner’s own risk. The Player also acknowledges recognition of the fact that neither medical insurance nor liability insurance are inherent with being a member of the Pro Care Run Team.

I, the Runner, have read this release and understand that it is an absolute release and I freely and voluntarily accept it’s terms and understand it is binding upon me, my heirs, spouse in interest and assigns.

**Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ Runner’s Birth Date \_\_\_\_\_**

\_\_\_\_\_  
**Runner’s Signature Runner’s Street Address**

\_\_\_\_\_  
**Runner’s Name (Print) City, State, Zip Code**