

Runner's Questionnaire

Name: _____ Date: _____

Age: _____

1. What sport(s) do you participate in?

2. How many hours a week do you run for your sport(s)? (please include PE)

0-2

3-5

6-8

9-10

10-15

15-20

20+

3. What type of running do you do? (circle all that apply)

Sprinting

Cross Country

Jogging

Casual Running

Sport Running

Other (explain): _____

4. Do you have or have you had any injuries or pain associated with running?

No Yes Explain: _____

5. Do you have any injuries or pain today?

No Yes Explain: _____

6. What Exercises do you do?

Stretching: _____

Strengthening: _____

Cardiovascular: _____

7. What are you looking to gain from this clinic?

2401 Shadelands Dr., Suite 170, Walnut Creek, CA 94598 • 925-979-3420

CONSENT FOR PARTICIPATION WAIVER AND RELEASE

This Consent for Participation and Waiver and Release ("Agreement") is legally binding. Do not sign this Agreement until you have read it carefully and understand its contents. This Agreement may affect, reduce or eliminate you/your child's legal rights in certain circumstances.

I (below) am the parent or legal guardian of the minor child (hereafter the Young Athlete):

(parent name)

I hereby consent for this Young Athlete to participate in the following Runners' Clinic provided by the Motion Analysis & Sports Performance Laboratory at UCSF Benioff Children's Hospital Oakland (hereafter UCSF Oakland):

(athlete name)

As a condition to my Young Athlete's participation in this Runners' Clinic, I understand, represent, and agree as follows:

1. My Young Athlete has no medical or health condition affecting his/her ability to safely participate fully in, or that will be harmed by, the activities of this Runners' Clinic except as follows:

If there is any change in my Young Athlete's current medical health condition that affects his/her ability to safely participate fully in, or that will be harmed by the activities of this Runners' Clinic, I am solely responsible for restricting my Young Athlete's participation in the Runners' Clinic to accommodate such change(s).

2. I am responsible for the cost of any medical care provided by UCSF Oakland or any other health care provider to my Young Athlete in the event of emergencies.
3. I hereby waive, release, discharge, and hold harmless UCSF Oakland (including but not limited to its Motion Analysis & Sports Performance Laboratory), its affiliated partners, and their respective staff, officers, trustees, directors, employees, agents, contractors, physicians, and other participants in the Runners' Clinic (hereinafter individually and collectively referred to as "Released Party") from liability for any act, omission or negligence in connection with or in any way related to my Young Athlete's participation in the Runners' Clinic, including, without limitation, any inoculations, general medical treatment, or emergency medical treatment, including surgery, rendered to my Young Athlete as a result of injuries incurred in the course or as a result of participating in the Runners' Clinic, unless the same results from any willful misconduct or gross negligence on the part of such Released Party.
4. I agree to defend, indemnify, and hold harmless Released Party from or in connection with any and all liability, loss expense, attorneys' fee, or claims for injury or damages arising out of my Young Athlete's participation in the Runners' Clinic unless the same results from any willful misconduct or gross negligence on the part of such Released Party.
5. This Agreement may not be modified orally. This Agreement shall be binding upon the Young Athlete and each person who has signed it and his or her respective heirs and legal representatives.
6. This Agreement will be governed by and construed in accordance with the laws of the State of California, and exclusive venue of any action brought hereunder will lie in Alameda County, California.

Parent/Guardian (print name) _____

Signature _____

Date _____