



ELLISTON COACHING WAIVER AND RELEASE

I acknowledge that training for and/or participating in cycling and bicycle racing is an extreme test of a person's physical and mental limits and such training or participation poses potential risks of serious bodily injury, death, or property damage. With full understanding of the risks I am taking, I HEREBY ASSUME ALL THE RISKS OF TRAINING FOR AND PARTICIPATING IN SUCH EVENTS and agree to the following:

(Initial)_____ Elliston Coaching has been retained to assist me in the improvement of my fitness.

(Initial)_____ I hereby attest that I am in good health and my physical condition has been verified by a licensed medical doctor.

(Initial)_____ In consideration of being accepted as a fitness client by Elliston Coaching, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf: (a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims, costs, or liabilities for death, personal injury or damages of any kind, which arise out of or relate to my training for or participation in a bicycling race or bicycling event of any nature, THE FOLLOWING PERSONS OR ENTITIES: Bill Elliston, Elliston Coaching, its officers, directors, employees, coaches, consultants, and agents of any of the above (collectively, "Elliston Coaching"); (b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims, costs or liabilities that I have waived, released or discharged herein; and (c) I INDEMNIFY, DEFEND, and HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions except those resulting from the willful acts or gross negligence of Elliston Coaching.

(Initial)_____ I am solely responsible for my debits. I agree to pay collection fees, if my debits are 60 or more days overdue.

(Initial)_____ I agree to abide by the laws of the Commonwealth of Pennsylvania and to litigate any disputes between myself (the Client) and Elliston Coaching within the legal jurisdiction of the Commonwealth of Pennsylvania.

(Initial)_____ I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.

Printed Name: _____

Signature: _____ Date: _____

PARENT OR LEGAL GUARDIAN SIGNATURE:

Signature: _____ Date: _____

Printed Name: _____ Relationship: _____