

IRON HORSE TRAINING

MEDICAL AND PHYSICAL CONDITION STANDARD INFORMATION AND RELEASE OF LIABILITY FORM

I, _____, (client), as lawful consideration for participation in the Iron Horse Training program with Durango Mountain Bike Camp, Mountain Bike Specialists, City of Durango, Anytime Fitness and/or The Hub Training Centers, furnish the following medical, health, and dietary information to Iron Horse Power Training which I state to be true and correct, and accepting responsibility for failure to disclose any condition or not fully stating such condition. **I have assumed full responsibility for my physical condition; that the use of all services and/or facilities of the Iron Horse Power Training program by Durango Mountain Bike Camp Inc., Mountain Bike Specialists, City of Durango, Anytime Fitness and/or The Hub Training Center is at my own risk and that supplying this information is for the sole purpose of the Iron Horse Training program in planning the services and/or facilities and I hold Iron Horse Training, Durango Mountain Bike Camp Inc., Mountain Bike Specialists City of Durango, Anytime Fitness and/or The Hub Training Center as well as their employees, agents, or representatives harmless of any liability resulting from my participation in this program.** I further understand my participation in the services and/or facilities of the **Iron Horse Training program** may require top physical conditioning. I understand that I must furnish complete information to include physician's reports if the conditions would otherwise be considered to be detrimental to my health if not disclosed. I will attach other sheets if necessary to fully disclose my condition(s).

As a participant in the Iron Horse Training program and/or ironhorsetraining.com, I assume and acknowledge the inherent risks and dangers in road biking and other activities during the training sessions. By signing this document I am freely agreeing to the following:

- Cycling is an inherently dangerous sport;
- Dangers can include collision with cars, other riders, fixed or moving objects, surface hazards including pot holes;
- The negligence of others and weather conditions may constitute the possibility for serious physical and/or mental trauma or injury or death associating with cycling;
- By signing this waiver, you are agreeing to understanding and following the Colorado State Patrol rules of the road;
- To use proper safety equipment, including an appropriate helmet, at all times during the Iron Horse Training program.

I agree to assume those risks and release and hold Durango Mountain Bike Camp, Inc., The Hub Training Center, the City of Durango, Mountain Bike Specialists, Anytime Fitness, and the Iron Horse Bicycle Classic and their officers, owners, directors, members, employees, agents, volunteers, and affiliates harmless from, and waive any claim against the organizations or staff participating in the Iron Horse training program.

I further also understand that while participating in the Iron Horse Training program, certain activities and actions will be suggested to me and I am free to do or not do the suggested activities as I deem best for myself, but if I do proceed with the activities I have assumed full responsibility for the risks associated with any of these suggested activities which will include but not be limited to riding an indoor spin bike, and/or riding a bicycle on public streets and highways.

Client signature: _____ Date: _____

Age _____ Weight _____ Height _____

Have you ever had or been diagnosed as having heart or coronary artery disease? Yes_____No_____
If yes, please use the back of this page to describe any limitations on activities, medications or other relevant information.

Do you suffer from high blood pressure? Yes_____No_____
If yes, please describe any limitations on activities, medications or other relevant information on the back of this page.

Any other condition that requires carrying of special medication or equipment? Yes____ No____
If yes, describe condition, medications or equipment required, any restrictions caused by the same, and any special instructions needed by the outfitter on reserve side.

Do you have any allergies, including allergic reactions to specific medications, specific foods, or other physical condition that requires special attention or medication? Yes____No____
If yes, describe condition and/or medication on the back of the page.

In case of an emergency, whom should we contact?

Name:_____ Relationship:_____
Daytime phone:_____ Evening phone:_____
Cell phone:_____ Fax number:_____

Your Address_____
City:_____ State_____ Zip_____
Daytime phone:_____ Evening phone_____
Email address:_____

Health insurance provider:_____
Policy number:_____ member #_____

Phone number for authorization:_____
You might give us a copy of your insurance card, just in case.

My exercise experience level is: beginner____intermediate____advanced_____.

My bicycle riding level is: beginner____intermediate____advanced_____.

Please fax to: 970-382-8734 prior to March 25th.