

# S.H.A.R.C. Youth Running Camp 2022

Cost \$75

Summer Health Agility Running Camp (Kindergarten through 5<sup>th</sup> Grade)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Gender (Circle)            M                            F \_\_\_\_\_ Shirt Size \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### IN PERSON REGISTRATION INFORMATION:

**\*Camp has limited capacity! Register early!**

- **Tuesday, April 19<sup>th</sup> from 2 PM--6 PM at Run Florida on McGregor, 13101 McGregor Blvd**
- **Saturday, April 30<sup>th</sup> from 11 AM--3 PM at Run Florida on McGregor, 13101 McGregor Blvd**
- **Saturday, May 7<sup>th</sup> from 1 PM--3 PM at Run Florida on McGregor, 13101 McGregor Blvd**

WAIVER OF LIABILITY: I hereby give permission for my child to participate in the 2022 Summer Youth Running Camp (the "Program") and agree that my child will observe and abide by all rules and regulations regarding conduct of the Program and use of facilities provided. In connection therewith, I, on behalf of myself and the above referenced participant (collectively, "Participant"), know that participating in this Program is a potentially hazardous activity and may entail the risk of physical injury. Participant shall not participate in the Program unless medically able and, by execution below, the undersigned certifies that Participant is medically able to participate, in good health and properly trained. Participant agrees to abide by any decision of a program official or coach relative to Participant's ability to safely participate in the program, including the right to suspend or deny my participation for whatever reason. Participant is voluntarily assuming all risks associated with participating in this Program including, but not limited to, falls, contact with other participants, spectators or others, the effects of weather, including heat, cold and/or humidity, traffic and rough trail conditions of the course, all risks being known and appreciated by Participant. Having read this Waiver of Liability and knowing the facts, and in consideration of your acceptance of this application of participation in the Program, Participant, for myself and anyone entitled to act on my behalf, waives and releases Bishop Verot High School, the Fort Myers Track Club, the RRCA, the State of Florida, the County of Lee, City of Ft. Myers, all sponsors and officers, directors, members and volunteers of each of said organizations, their respective employees and agents, and any other entities and individuals who are in any way connected with this Program (collectively, the "Released Parties"), even though that liability may arise out of negligence or carelessness on the part of any of the Released Parties. This Waiver of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under Florida law.

I further understand and agree that the Released Parties assume no responsibility or liability for lost, misplaced, stolen and/or damaged property or for providing or administering insect repellent, sunscreen or other medications and Participant hereby agrees to assume responsibility for all such items and releases Released Parties from any such liability. No medications (non-prescription or prescription), including, but not limited to, inhalers or pain relievers will be provided or administered by Program volunteers or staff.

BY SUBMITTING THIS APPLICATION, I CERTIFY THAT I HAVE READ THIS DOCUMENT, UNDERSTAND ITS CONTENTS AND AGREE TO THE ABOVE WAIVER OF LIABILITY.

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Parent(s)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_