

WAYZATA X-COUNTRY RUNNING CLINIC

When: Mondays, Wednesdays, and Fridays from June 13th through July 29th (there will be no class from July 1st to 6th). Class will meet from 8:30 AM until 11:30 AM.

Schedule: 8:30 to 10:00- run workout.

10:00 to 10:45 - work on Wayzata HS Woodchip Trail System as a community service project.

10:45 to 11:30- Two days a week: yoga **and** one day a week: classroom lecture on training, racing, & running topics

Cost: \$60 to cover Clinic T-shirt (if registered by June 4th), water bottle, Gatorade, and fruit.

Please make checks payable to:

“Wayzata Youth Cross Country Club”.

Questions: Call Bill Miles at 612-220-8455 or Eric Jahn at 952-475-2251.

Mail registration form/waiver and check to:

Eric Jahn
16204 Ice Circle Drive
Wayzata, MN 55391

WAYZATA YOUTH CROSS COUNTRY CLINIC - 2011

Name: _____

Parent(s) or Guardian(s) Name(s): _____

Address: _____
STREET ADDRESS CITY & STATE
ZIPCODE

Phone Number: _____ Birth date: ____/____/____

Shirt Size (S, M, L, XL): _____

Clinic Participation Agreement:

I understand that my consent to these provisions is given in consideration for being permitted to participate in this clinic. I know that running is a potentially hazardous event and I enter this clinic certifying that I am medically able and properly trained. I also acknowledge any and all other risks associated with participating in this event . Knowing these facts, and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge Independent School District #284, Wayzata Youth Cross Country Club, the City of Plymouth, Clinic Officials, volunteers, and any and all sponsors including their agents, employees, assignees, or anyone acting on their behalf, from any and all claims or liability for death, personal injury, or property damage of any kind or nature arising out of, or in the course of my participation in this clinic. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I have read the foregoing and certify my agreement by my signature below.

Signature:_____ Date:_____

Parents Signature (If under 18):_____