

Radix Running HS XC Overnight Camp

When: August 16th - August 20th 2026

Arrive: August 16th 4:00-5:00 pm

Depart: August 20th 9:00-10:00 am

Where: Iroquois Springs, 66 Bowers Road, Rock Hill, NY 12775

Radix Running Camp is designed to develop our camper's knowledge of running in order to empower them to achieve their goals. During camp, we will work on running specific drills, flexibility, strength improvement, and training techniques. Camp will also include talks on nutrition, race strategy, and overall fitness. The coaching staff will include cross country coaches as well as fitness professionals.

Please sign and return with the final payment (\$750 for individuals \$725 for siblings) by 8/1/26 to:

Lunny Running LLC
P.O. Box 745
Lincroft, NJ 07738

Lunny Running LLC Radix Running HS XC Overnight Camp Waiver

Camper's Name: _____ Age: _____ Birth date: _____

Address: _____ City: _____ State/Zip: _____

Parent Phone #: _____ School Name: _____

Please initial next to each statement to verify you have carefully read and fully understand each condition:

Statement	Initial
My child/camper will be voluntarily attending Radix Running HS XC Overnight Camp from 8/16/26-8/20/26 and assumes all risks of injury or illness.	
I understand that running, fitness training, and related activities are potentially dangerous and could pose risk of injury. I verify that my child/camper has had a physical exam in the past year and is capable of participating in the strenuous activities related to running and fitness.	
I agree to indemnify, hold harmless and defend, Lunny Running LLC, Conor Lunny and the Lunny Running staff, their agents, employees, contractors, volunteers and sponsors from any and all liability for any injury to my child/camper, as well as any damage caused by them.	
This waiver and release of liability includes, without limitation, all injuries which may occur as a result of: (a) the use of all amenities and equipment and participation in any activity, program, personal training, or instruction; (b) the sudden and unforeseen malfunctioning of any equipment; and (c) instruction, training, supervision, or recommendations provided by camp staff.	
In an emergency, I acknowledge that I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this activity. I authorize program staff to secure any licensed hospital, physician, and/or medical personnel for any treatment deemed necessary for the participant's immediate care.	
Lunny Running LLC, Conor Lunny, and the Lunny Running staff, including their agents, employees, contractors, volunteers, and sponsors, are not responsible for loss or damage of any personal items.	
I certify that all medical conditions, allergies, medications, and relevant health information for my child/camper have been fully disclosed to Lunny Running LLC prior to camp. I authorize camp staff to administer or supervise self-administration of medications as necessary, according to instructions provided by the parent/guardian.	
I understand that my child/camper is expected to follow all camp rules and instructions given by camp staff. I acknowledge that serious misconduct, unsafe behavior, or failure to follow camp rules may result in dismissal from camp at the sole discretion of camp leadership, without refund.	
I understand that refunds are not guaranteed for missed days, early departure, illness, injury, or dismissal from camp for any reason, unless otherwise determined at the sole discretion of Lunny Running LLC.	
I hereby grant Lunny Running LLC permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including social media and promotional materials, without payment or other consideration.	

I have carefully read, fully understand, and completely agree with the informed consent and release of liability.

Guardian Name (Print): _____

Signature _____ Date _____