## Radix Running HS XC Overnight Camp

When: August 18th-August 22nd 2021

Arrive: August 18th 2:00-4:00 pm, leave August 22nd 10:00 am

Where: Brookwood Camps, 574 Proctor Rd Glen Spey NY 12737-5569

Radix Running Camp is designed to develop fitness and knowledge of good running. Training will work on basic skills, 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 note that our current protocols require any camper who has not been vaccinated to obtain a negative COVID-19 test result within the 48 hour period before the start of camp. If a camper is fully vaccinated and two weeks have elapsed since their final dose, they do not need to test before attending camp. As summer progresses, we will keep you up-to-date with our camp policies and procedures. We will also reach out with a COVID-19 waiver that you will be required to bring to camp and present upon arrival at camp.

Please sign and return with the final payment (\$550 for individuals \$525 for siblings) by 8/1/21 to :

Radix Running LLC P. O. Box 724 Lincroft, NJ 07738

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## Radix Running LLC HS XC Overnight Camp Waiver

Camper's Name:Address:	City:	Sta	ite/Zin:
Phone #:	School Na	nme:	
Please initial next to each statement to ve	rify you have carefully	read and fully unders	
Statement			Initial
Statement Initial My child/camper will be overnight camp from 8/18/21-8/22/21 and		•	
I understand that running, fitness training, and could pose risk of injury. I verify that a past year and is capable to participate in th fitness.	my child/camper has had	d a physical exam in the	,
I agree to indemnify, hold harmless and de Mazzaccaro and the Radix Running staff, t and sponsors from any and all liability for damage caused by them.	their agents, employees,	contractors, volunteers	
This waiver and release of liability include occur as a result of, (a) your use of all ame any activity, program, personal training or malfunctioning of any equipment, and (c) or recommendation.	enities and equipment an instruction, (b) the sudd	d your participation in len and unforeseen	
In an emergency, I acknowledge that I am costs arising out of bodily injury or any los I authorize program staff to secure any lice personnel any treatment deemed necessary	ss sustained through par ensed hospital, physiciar	ticipation in this activity and/or medical	7.
Radix Running, LLC, Michael Mazzaccard employees, contractors, volunteers and spoany personal items	•	• • •	
I hereby grant the Radix Running, LLC pervideo, or other digital media ("photo") in a web-based publications, without payment	any and all of its publica		
have carefully read, fully understand, a ability.	nd completely agree w	ith the informed conse	nt and releas
Athlete or Guardian Name (Print):			
ignature		Date	