

Wayzata XC (boys)

Running Clinic (Grades 7-12)

When: 8:30-10:45 on Mondays, Wednesdays and Fridays.
June 10th through July 30th (No Clinic July 1-5: MSHSL Rule)

Where: Wayzata High School

Schedule: 8:30-8:40. Short lecture on training, racing, and health
8:45-10:15. Running workout and strength training
10:15-10:45. Yoga (10:45) or Misc

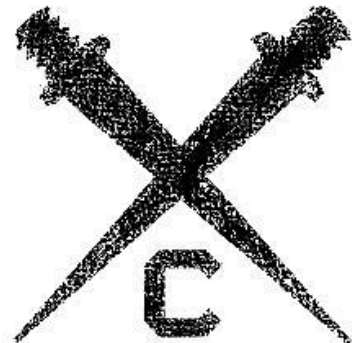
Cost: \$75 to cover Clinic T-shirt (if registered by June 1st), water bottle, Gatorade, fruit, yoga & speaker fees.

Please make checks payable to: "Wayzata Youth Cross Country Club"

Questions: Call Mark Popp at (320) 444.2202
Or Eric Jahn at (952) 475.2251

TO REGISTER: Mail registration form/waiver and check to:

Eric Jahn
16204 Ice Circle Drive
Wayzata, MN 55391



WAYZATA YOUTH CROSS COUNTRY CLINIC - 2019

Name: _____

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

Address: _____
STREET ADDRESS CITY & STATE
ZIPCODE

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

Shirt Size (Adult sizes: 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: _____

Parent's Signature (If under 18): _____