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Kids  
Running  
Clinic



# Running Rocks!

Conducted by Starved Rock Runners, Ltd.

**Every Monday beginning July 6<sup>th</sup> thru August 10<sup>th</sup>, 2020**

Baker Lake • Peru • East Entrance off of Airport Road

6:00PM 7:00PM • Please be prompt

Cost \$10.00. Free for Members of SRRL

Due to the guidelines set by the COVID-19 Pandemic, this years Clinic has had to make adjustments accordingly. **The age range for this years Clinic will be 10 to 18.** Total participation will be limited. Registrations will be taken on a first come first serve basis. Unfortunately it is anticipated some registrants will be turned away. Groups will be limited to ten (2 coaches, 8 kids). The Clinic will be practicing all of the guideline set forth for the Pandemics. Water and gator-aid **will not** be provided to the participants this year. It will be the responsibility of each participant to bring their own hydration fluids in a container with their name written on it, and a mask to be worn when the group is assembled. Participants will be required to practice the "6' rule". Any participant not following the rules set forth by the clinic will be dismissed from the Clinic.

APPLICATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ DOB / / Age \_\_\_\_\_ Sex \_\_\_\_\_

Email \_\_\_\_\_



T-Shirt Size:  YS  YM  YL  AS  AM  AL

**Does your child have any special needs that we should know about. Please describe (use back if necessary):**

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ**

I understand that the Starved Rock Runners may dismiss my child from participation in the Kids Clinic if the child exhibits the desire to not participate, does not follow instruction and/or causes disruption to the group. I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of the clinic official relative to my ability to safely complete the clinic. I assume all risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself and anyone entitled to the act on my behalf, waive and release the Road Runner's Clubs of America, the Starved Rock Runners, Ltd. and all sponsors, their representatives and successors from all claims or liability that may arise out of negligence or carelessness on the part of the persons name in this waiver and grant permission to use my picture or likeness.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**MAKE CHECKS PAYABLE TO: STARVED ROCK RUNNERS  
MAIL FORM TO: SRRL KID'S CLINIC, 407 W. DAKOTA ST., SPRING VALLEY, IL 61362**