

2018 BULLSEYE RUNNING/HOWARD COUNTY STRIDERS

FALL SPRINTERS TRACK CLINIC

This program is for 9 to 18 year old runners. This 8 week track clinic is for the more serious & experienced sprinters looking to stay in sharp during the fall or looking to get ready for the winter track season (NO BEGINNERS–SORRY). Coach Lincoln will lead practice each Tuesday evening from 5:50pm to 7:00pm at Wilde Lake High on the lower field, if not on the track, from September 11 through October 30. Running shoes to train in and racing spikes are strongly suggested; EXTRA BONUS - you will receive a 10% Striders discount if you buy them at Feet First in the Wilde Lake Village Center so just let them know you just joined.

DO NOT WAIT TILL NOVEMBER TO GET READY FOR THE WINTER INDOOR TRACK SEASON!!!

TELL YOUR FRIENDS!!! ALWAYS MORE FUN AND PRODUCTIVE IF A BUNCH OF US WORK HARD TOGETHER!!! No more than 30 kids will be accepted into this program so sign up soon!

Email judswarhorse@gmail.com with any questions!

In December we also plan to start our Winter program for the elementary and middle school age sprinter and field event athletes that want to compete at the indoor track meets so this program is a perfect pre-season plan.

You can sign up by completing this form then make \$40 check payable to Bullseye Running and mail to Coach Lang, 5412 Thunder Hill Road, Columbia, MD 21045.

ONE REGISTRATION FORM FOR EACH RUNNER

First and Last Name: _____, Birthdate (m/d/y): _____, Gender: Male or Female

Street Address: _____, City: _____, State: _____, Zip: _____

Mom's Cell Phone: (_____) _____, Dad's Cell Phone: (_____) _____

Parent's Email: _____

Mother and Father Names: _____ School and grade _____

Waiver/Release: I, the undersigned, am the parent or legal guardian of the minor whose name appears above. I know that running is a potentially hazardous activity. I know that the minor should not run unless medically able and properly trained. I agree to abide by any decision of the program director relative to the minor's ability to safely complete the risks associated with running in this program including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and other conditions of the road, track or trails, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself, on behalf of the minor, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue the Howard County Striders, Coach Lang, LLC/Bullseye Running, the Road Runners Club of America, USA Track & Field, the AAU, the Facility and Sponsors, their respective officers, directors, agents, employees, volunteers and successors (collectively "Releasees") from all liability, loss, claims, demands, possible causes of action, court costs, settlement costs and fees, attorney's fees and any other expenses arising out of the minor's participation in this event/program even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the program director or appointed volunteer to consent to and authorize any medical care and treatment for the minor that may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during or after the event/program. Further, I grant a limited license to all of the persons named in this waiver to use the participants name, likeness, image, voice, video, athletic performance, biographical and other information, in any format whatsoever, and to distribute, broadcast and exhibit these without charge, restriction or liability, but only for the purposes of advertising or promoting the sport of Athletics or other legitimate purposes. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and personal music players are not allowed for use in this event/program and I will ensure that the minor abides by this guideline.

Signature of Parent/Guardian _____ Date _____