

KidStrongNC L.L.C.

Program and Release Form

Race Bib #: _____

Effective October 2015

Name: _____ DOB ____/____/____ Age: _____ Allergies: _____

Name: _____ DOB ____/____/____ Age: _____ Allergies: _____

Name: _____ DOB ____/____/____ Age: _____ Allergies: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Race: _____ Distance: _____ Person Running: _____

Emergency Contact and Phone Number : _____

Email: _____

Cannonball KidStrongNC Day Camp

(Ages 3* and up)

*must be potty trained

5K 7:30am-9:30am \$15 per child _____

Half Marathon 7:30am-11:30am \$30 per child _____

Full Marathon 7:30am-1:00pm \$45 per child _____

(Full marathoners are responsible for packing their child a lunch)

I am verifying that my child/children are in proper physical condition to participate in this program, waive any and all claims against KidStrongNC (owner, director, staff, volunteers, and Junction 311 LLC) for illness or injury resulting from their participation in the program. I understand that I MUST have my race bib to drop off and pick up my child on race day. I understand that I will be charged an addition \$10 for every 15 minutes past my time. I understand that my child must be potty trained to participate in our day camp. I have read and clearly understand KidStrongNC's weather, refund, and injury policy. Lastly, I give permission for the use of their name and picture on social media, our webpage, or other uses for the business.

Print Name _____ Date _____

Sign Name _____ Date _____