

SUMMER TRACK & ADVENTURE CAMP 2014

JUNE 23RD – JULY 4TH

8AM-3PM

CAMP FEATURES:

MORNING-JUMP DRILLS, AGILITY, OVER SPEED TRAINING, ACCELERATION SKILLS, PROPER RUNNING TECHNIQUE, BREATHING TECHNIQUES, AND POWER

AFTERNOON-BEACH, IAO SWIM, MOVIE DAY, TWIN FALLS AND MORE ADVENTURE SESSION-SAME AS THE AFTERNOON ABOVE, BUT IN MUCH MORE DETAIL

DATE- JUNE 23rd -JULY 4th FROM 8AM-3PM(Monday-Friday)

CAMP START LOCATION- KEOPUOLANI PARK BY SKATE BOARD PARK AREA IN KAHULUI

REGISTRATION:

*REGISTRATION POSTMARKED 6/20/2014 \$200/WEEK OR \$375 FOR FULL CAMP

IMPORTANT NOTICE:

*COMPLETE AND SIGN FORM BELOW, AND INCLUDE CHECK OR MONEY ORDER WHEN MAILING. **CHECKS PAYABLE TO RUNNERS PARADISE INC.**

*MAIL FORM AND CHECK TO: P.O. BOX 1024, WAILUKU, HI 96793

SEX: MALE/FEMALE AGE: _____ DATE OF BIRTH: ____ / ____ / ____

LAST NAME: _____ FIRST NAME: _____

STREET ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE# _____ EMAIL _____

WAIVER STATEMENT: IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY, I, INTENDING TO BE LEGALLY BOUND DO HEREBY FOR MYSELF, HEIRS, EXECUTORS, AND ADMINISTRATORS WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES AND CASES OF SUIT OR ACTION, KNOWN OR UNKNOWN, THAT I MAY HAVE AGAINST THE HAWAII ELITE TRACK TEAM, RUNNERS PARADISE INC., COUNTY OF MAUI, RUNNER'S PARADISE AND ANY SPONSORS, DIRECTORS, VOLUNTEERS, OFFICERS, AND AGENTS FOR ANY AND ALL INJURIES RESULTING FROM MY PARTICIPATING IN THE RUNNER'S PARADISE SUMMER TRACK AND FIELD/ADVENTURE. I ATTEST THAT I AM PHYSICALLY FIT AND HAVE SUFFICIENTLY TRAINED FOR THIS EVENT. I ALSO GRANT PERMISSION FOR A DOCTOR OR NURSE TO TAKE ANY REMEDIAL ACTION IN CASE OF EMERGENCY. I ATTEST AND VERIFY THAT I KNOW THE RISKS OF ENTERING THIS RACE AND I ASSUME ALL EXPENSES IN THE EVENT OF AND ACCIDENT.

SIGNATURE:(PARENT/GUARDIAN) _____ DATE _____