

Medical Mile Race Training for Kids

Runners ages 3 to 12 are invited to attend a FREE six-week training program to learn the skills of running and build up endurance to run the Medical Mile.

Topics and demonstrations include:

- proper training techniques for the race
- proper clothing and shoes
- proper nutrition
- runner and race safety
- stretching, strengthening and overall conditioning
- timed runs and drills.

Wednesdays, April 28-June 2 6-7 p.m.

Initial meeting at The Meyer Center.

Training at Burrell Park, as weather permits.

Parental supervision for the entire training session each week is required.

**Advanced registration is requested.
Please call 269-3282 for details.**



Medical Mile Race Training for Kids Registration Form

Please submit one entry form for each participant. (Please print)

Last Name _____

First Name _____ Middle Initial _____

Address _____

City _____

State _____ Zip _____

Daytime phone _____

Male Female

Waiver and Release of Liability

I, _____ understand that my, or my minor child, or the minor child in my legal custody's (collectively "my") participation in the CoxHealth Medical Mile Training ("training") is at my own risk. I understand there are risks associated with physical activity involved in the training, including, but not limited to, possible falls, contact with other participants, effects of weather, traffic and road conditions. I agree to indemnify, defend and hold Lester E. Cox Medical Centers, a Missouri pro forma corporation, and its respective officers, employees, affiliates, subsidiaries, and independent contractors ("CoxHealth"), and all sponsors of the training ("Sponsors") and the City of Springfield (the "City") harmless from and against any and all claims, liability, judgments, fines and expenses, including all attorney's fees and amounts paid in settlement actually and reasonably incurred in connection with any proceeding, to which CoxHealth, Sponsors, and/or the City is, or at any time becomes a party to or is threatened to be made a party due to my participation in the training. I hereby grant to CoxHealth, with respect to photographs, motion pictures, video recordings or any other record of the training, in which I may be included, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name and any statement made by me in connection therewith, if CoxHealth so chooses.

Parent's Signature

Date