

North Kingstown Recreation Hosts

Running Workouts: July

Pre-Registration Required. **No** Registrations will be done at program This program is for grades 1-8 (grade in Sept).

This program will focus on Distance, mid distance, Sprints, and full body workouts. Participants will workout to improve their overall running fitness along with an introduction to some field events.

Fee \$25.00 resident \$27.50 non-resident

Thursdays: July 1, 8, 15, 22, 29

NKHS TRACK, 150 Fairway Drive. 5:30 - 6:30

We will be in practice fields in front of tennis courts if HS sports are in the stadium. In case of weather cancellation you will be emailed by 4:15 that evening. Rainline 268-1543

Participants **must pre-register** to keep numbers within guidelines, **NO WALK-INS please**. Make check payable to: <u>Town of North Kingstown</u> and mail to 100 Fairway Drive, North Kingstown, RI 02852 or pay online by credit card https://nkrec.recdesk.com/Community

We at NK Rec take your health and safety very seriously. We will be abiding by the State COVID Guidelines that are subject to change. Masks are now required for participants, coaches and volunteers over the age of 2. Please bring hand sanitizer. There will be a screening at drop off, in some cases, including temperature taking, please allow yourself an extra few minutes. If you answer YES to any screening questions or you have a temperature you will not be allowed to participate that day. At this time we are allowing minimal and in most cases no spectators. Athletes are recommended to get weekly COVID-19 tests. If you have tested positive or recently been in contact with a positive case inform your coach/instructor immediately. If you have a serious underlying health condition, including high blood pressure, chronic lung disease, diabetes, obesity, asthma, or whose immune system is compromised discretion for participation will be advised. For additional information call the office or visit repoening RI.com

Running workouts July 2021

NAME	M F BIRTHDATE
SCHOOLGRADE	
ADDRESS	028
EMAIL	
PRIMARY PHONE	CELL PHONE
SERVICE PROVIDER	RECEIVE TEXT NOTIFICATIONS? Y N
MEDICALPROBLEMS?	
EMERGENCY CONTACT NAME ANI	D PHONE:
PARENT/GUARDIAN SIGNATURE	



TOWN OF NORTH KINGSTOWN **RECREATION DEPARTMENT**

100 Fairway Drive

North Kingstown, Rhode Island 02852 Phone (401) 268-1542

MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT AND RELEASE

I, (Print Name of Minor's Parent or Legal Guardian)	state that
(Print Minor's Legal Name) minor") the minor wishes to participate in (Print Name of Ev	(hereafter referred to as "the ent or Program)
sponsored by t	the North Kingstown Recreation Department (the "Recreation
Department").	
the minor does not have to participate. It is understood that injury to the minor's person or damage to the minor's preguardian(s) voluntarily accept and assume the risk of injury the minor's participation in the event or program.	pation in the above event or program is VOLUNTARY and that the event or program involves activities which could result in operty, and that by participating, the minor's parent(s) or to the minor or damage to the minor's property and consent
·	T provide any insurance coverage for the minor's person or ge that they are responsible for the minor's safety and the minor's property.
In exchange for allowing the minor to participate in this everagrees to release from liability, indemnify, and hold harm employees for any injury to the minor's person or damage to as a consequence of the minor's participation in the event of	ent or program, the minor by and through the undersigned, less the Town of North Kingstown, its agents, officers, and o the minor's property which arises out of or occurs during or or program, whether or not such injury or damage may have or care on the part of the Town of North Kingstown, its agents,
	upon the minor, the parent(s) or guardian(s), any successors .
	cument is complete unto itself and that any oral promises or and/or its terms are not binding upon the Town of North
I, the undersigned, state that I am the parent or legal guard that the above terms and conditions apply to said minor a participate under ANY circumstances in the above specified e	dian of the minor whose name appears above. I understand and to myself. I further understand that said minor cannot vent or program without parental consent and that the minor greement. This document is binding on myself, the said minor,
BY INITIALING I AGREE TO THE UNRESOLVED USE OF MY CHILD'S N AND OTHER DEPICTIONS) FOR PUBLICIZING NORTH KINGSTOWN R	AME AND/OR LIKENESS (INCLUDING PHOTOGRAPHS, VIDEO TAPES, ECREATION ACTIVITIES AND EVENTS
Minor's Name (PRINT):	Birth date of minor:
Home State of minor:	Today's Date:
Parent/Guardian Legal Name (PRINT):	
Parent/Guardian Legal Name (SIGN):	



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

North Kingstown Rec Programming has put in place preventative measures to reduce the spread
of COVID-19; however, NK Rec cannot guarantee that you or your child(ren) will not become infected with
COVID-19. Further, attending NK Rec Programming, being exposed to the public, could increase your
risk and your child(ren)'s risk of contracting COVID-19.

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By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending NK Rec Programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, NK Rec employees, volunteers, and program participants and their families even though North Kingstown Recreation is taking all possible precautions.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at NK Rec Programs or participation in NK Rec programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless NK Rec, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of programs, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any programming.

Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	Print Name of Participant(s)