

Belmont Kids Running Group

Come and Run!

Join Becca Pizzi and Kim Raubenheimer and RUN around the Belmont Reservoir every Friday Morning. Charge your body and your brain before school!

Learn the importance of stretching, establish your running goals, learn core strength and have FUN!

WHEN: Starting March 18th, Friday.
Meets every Friday AM at 7am until 7.30am.

WHERE: Corner of Payson Road and Oakley Street at the Belmont Reservoir near the gate.

RAIN OR SHINE, unless it is thunder and lightning and any unsafe weather.

Dress in layers, wear your running shoes and bring water.

Waivers will need to be completed by parents of children under 18 years of age.

This is a drop off group. Parents are welcome to stay. Parents dropping off children must pick up children no later than 7.40am.

Becca Pizzi
617. 905.5971
beccapizzi@yahoo.com

Kim Raubenheimer, Your Health Sense
617.438.4467
kimr@yourhealthsense.com

Belmont Kids Running Group

Participant/Parent WAIVER

I, the undersigned, am the parent or legal guardian of the minor whose name appears below. 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 the conditions of the road or track, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, on my behalf and the minor's behalf, waive and release the **Belmont Kids Running Group**, its officers, directors, agents, employees, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of the minor's participation in this event 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 to consent to and authorize any medical care or 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.

I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this for any legitimate purpose (including social media posts such as FB) for advertisement of the Belmont Kids Running Group. I understand that personal music players are not allowed for use in this program, and I will ensure the minor abides by this guideline.

Minors Name: _____ Date: _____

Parent's or Guardian's Name: _____ Date: _____

Parent's or Guardian's Signature: _____

Parent's Phone number _____

Parent's email address _____

The information obtained in this program is designed to optimize safety and foster attainment of personal goals. All information will be kept strictly confidential and will only be available to Belmont Kids Running Group personnel.

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