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Bryant Running Club

We run because it's fun!

Calling all Bryant student and parent runners!

The Bryant Running Club is open to all students, grades K-5, who are interested in running. We strive to create a fun, safe, and inspiring running environment for students. All BRC events will take place on the track and field at the back of the Bryant school playground. Runners, please wear comfortable clothing, running shoes, and bring a water bottle. Bring a light snack to eat during check-in time. We will meet regardless of weather, so dress accordingly (i.e., wear layers!).

What will the Bryant Running Club do? Runners meet in their grade levels with volunteer coaches to stretch, play running games, and run laps at their own pace. Students earn tokens for participation.

Time: Fridays 2:25-3:10 pm • Fall Dates: Sept 22-Oct 27 • Cost: \$5 for the year

To register, please complete this form and return it to the front office or your child's teacher with a \$5 check made payable to "Bryant PTSA." **Please register by Wednesday, Sept 20th.** Late registrations will be accepted, but you must email James at james.stack@gmail.com with your child's name, grade, teacher, and pick-up instructions before your child may join Running Club.

Email Jim Stack (james.stack@gmail.com) or Zosia Brown (zosiabrown@gmail.com) for info.

Participant/Parent Waiver

I, the undersigned, am the parent or legal guardian of the minor whose name appears below. I know that physical activity is a potentially hazardous activity. I know that the minor should not run unless medically able. I agree to abide by any decision of the Bryant Running Club coordinators relative to the minor's ability to safely complete the risks associated with running in this club including, but not limited to: falls, contact with other participants, and the effects of the weather; 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 Bryant Running Club, its coordinators, volunteers, and sponsors from all claims or liabilities of any kind arising out of the minor's participation in this club and its activities. I further authorize and empower the Bryant Running Club coordinators 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.

Date: _____

Student's name: _____ Student's Grade/Teacher: _____

Parent Name(s): _____

Parent Email address(es): _____

Parent Phone Number(s): _____

I am interested in volunteering. Please email me with more information.

Parent Signature: _____

Emergency Contact Information: _____

Pick-up instructions (check one):

- Escort to LASER after school care Parent/Other (specify below) will pick up my child after running club.

Photographs of my child participating in Bryant Running Club may be included in the Bryant Yearbook (circle one): Yes No