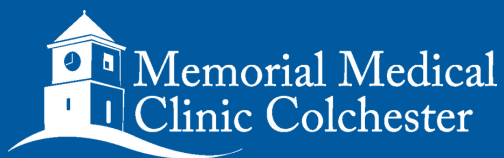


BROUGHT TO
YOU BY A
GRANT FROM:



Youth Wellness Initiative

presents



KIDS *Run* *the* NATION

EVERY
SATURDAY
MORNING*

May 31 - July 26
10:00 AM - 12:00 PM

**Can Attend Some or All Sessions*

INCLUDES:

- GAMES
- LUNCH
- PRODUCE BOXES



COST:
FREE!

FOR KIDS
K - 6

enrolled at West Prairie Schools



Friendway Park 502 E Roberts St. Colchester



Katie Ruebush, PT, DPT: 309-221-9888



**Memorial Medical
Clinic Colchester**

Registration Form

Memorial Hospital and Memorial Medical Clinic Colchester Youth
Wellness Initiative presents Kids Run the Nation

This registration form must be mailed to or dropped off at (during regular business hours) Memorial Medical Clinic Colchester, located at 110 Market St. Colchester, IL 62326. Phone: 309-776-3301. If you prefer to register online (paperless option), please scan the QR code or visit: www.mhtlc.org/news-resources/events/

Child's Name (First & Last):

Parent/Guardian Name (First & Last):

Address (Street, City, State, Zip):

Parent/Guardian Email:

Parent/Guardian Phone:

My Child has allergies to the following foods:

☐

Dairy

☐

Nuts

☐

Gluten

☐

No Allergies

☐

Other - Specify...

Child's Age:

Memorial Medical Clinic Colchester – Kids Run the Nation Waiver and Release of Liability

I am the parent or legal guardian of the minor child named above. I understand that participation in physical activities—such as games, races, and movement-based exercises—carries potential risks. I certify that the child is in good health and physically able to participate in the Memorial Medical Clinic Colchester Kids Run the Nation program.

I acknowledge and accept the risks associated with physical activity, which may include, but are not limited to: falls, contact with other participants, varying weather conditions (including heat and humidity), and uneven ground surfaces. I understand and accept that participation in this program may result in injury, and I voluntarily assume all such risks on behalf of my child. I further agree that I and my child accept full responsibility for any injury or health condition that may result from participation in this program.

In consideration of the opportunity to participate, I, on behalf of myself and my minor child, hereby waive, release, and hold harmless Memorial Medical Clinic Colchester, its officers, directors, employees, agents, volunteers, sponsors, and affiliates from any and all claims, liabilities, or damages of any kind arising out of or related to the child's participation in this program, including any claims arising from negligence or carelessness.

In the event of an emergency, accident, or illness, I authorize the program staff to seek medical treatment for my child if I cannot be reached. I understand that all reasonable efforts will be made to contact me prior to initiating care. I also acknowledge that I am solely responsible for any costs associated with such medical treatment and that Memorial Medical Clinic Colchester and its affiliates bear no financial responsibility for emergency care or related expenses.

I grant permission for photographs, video, and other media recordings of my child's participation in the program to be used by Memorial Medical Clinic Colchester for promotional or educational purposes.

Lastly, I understand that personal music players are not allowed during program activities, and I will ensure my child abides by this rule.

By providing your email, you agree to be added to our marketing list to receive updates, promotions, and news; you can unsubscribe at any time.

Signature: I acknowledge and agree that I have read and understand the legal consequences of executing this release and waiver of liability.

Parent/Guardian Signature

Date