

# 2023 Summer Tahoe Running Camp! (12/2/22) (Zephyr Cove Campground)

**6 days! Open to all Competitive High School XC Athletes**

**Wed, August 2nd – Tue, August 8<sup>th</sup>**

**COST:** \$240 per Athlete / Camp Alumni fee only \$120 or \$20/day!



**...How do I sign-up? Just turn-in camp fees via check, cash or Venmo and Medical Consent Form to Coach Greg. Space is limited to first 70 runners + first 15 Camp Alumni!**

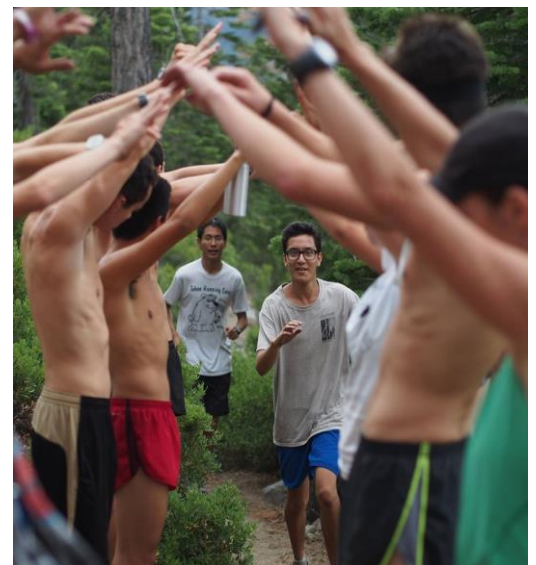


**venmo**

EVERYONE attending camp must demonstrate reasonable fitness to ensure YOU WILL BE OK training at altitude! Minimum requirement is to complete an Annadel 9.1 mile run in 2 hrs.10 minutes OR (~14:00/mile pace) or faster in summer prior to camp. 2023 incoming HS Freshman are exempt from this 9.1 mile run requirement.

**MANDATORY PRE-CAMP MEETING ON MONDAY JULY 31<sup>ST</sup>, 6-7:30 PM (at Greg's House: 4525 Ranchette Rd, Santa Rosa, CA 95409)**

**Camp Logistics:** Start packing at MCHS on Aug 2 at 8:45AM, leave 10AM, spend 6 days/6 nights at Zephyr Cove Campground, leave camp early AM on Aug 8, return to MCHS ~2-2:30PM



Contact Coach Greg Fogg (707) 291-2967 / [greg.fogg@comcast.net](mailto:greg.fogg@comcast.net) more Tahoe Running Camp Info posted on MCHS XC/Track team website here: <https://mariacarrillorun.com/crosscountry/tahoe-camp/>

**2023 Tahoe Running Camp** Name: \_\_\_\_\_

**INDEMNITY AND HOLD HARMLESS AGREEMENT / MEDICAL CONSENT FORM**

The student, or parent/guardian of student has voluntarily agreed to participate in athletic activities, including but not limited to, a running training camp. The student participant, their parent, or guardians have voluntarily agreed to participate in a rigorous physical activity in the outdoors which subject them to the elements, wildlife, and the extremes of physical challenge.

**INDEMNITY AND HOLD HARMLESS:** The RELEASORS (Student/Parent/Guardian and/or participant) to the fullest extent permitted by law, shall indemnify and hold harmless GREG FOGG, Heart and Sole Sports, Santa Rosa, LLC., Maria Carrillo High School, Rincon Valley School District, their Owners, Agents, and their employees (hereafter referred to as "RELEASEES " from and against any and all claims, damages, losses and expenses, including but not limited to attorneys' fees, arising out of or resulting from "RELEASEES" actions, or failure to act, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property but only to the extent caused by the negligent acts or omissions of the "RELEASEES", a Sub-contractor, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss or expense is caused in part by a party indemnified hereunder. RELEASORS further agrees to indemnify RELEASEES for any costs of defense, including attorney fees and court costs, incurred by OWNER, or the officers and employees of OWNER, for any act, or failure to act, arising out of their role as Manager for Owners pursuant to this agreement, or any action brought by RELEASEE to enforce this agreement against RELEASOR. Such obligation shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity which would otherwise exist as to the RELEASOR, RELEASOR's agent, their agents or employees.

**SUBROGATION:** To the maximum extent permitted by insurance policies which may be owned by the RELEASOR, RELEASOR waives any and all rights of subrogation which might otherwise exist against RELEASEE, their agents, subsidiaries and employees.

**NO ORAL MODIFICATION:** This agreement may not be modified by oral agreement. Any modifications to this agreement shall be in writing and signed by all parties to this agreement.

**CONSENT FOR MEDICAL TREATMENT:** AS THE PARENT, AGENCY REPRESENTATIVE OR LEGAL GUARDIAN, I HEREBY GIVE CONSENT TO GREG FOGG OR OTHER CAMP STAFF WHOM GREG FOGG DESIGNATES TO PROVIDE ALL EMERGENCY DENTAL OR MEDICAL CARE PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OR DENTIST (D.D.S.) FOR \_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF MY DEPENDENT. I/WE HAVE CAREFULLY READ THE TERMS OF THIS AGREEMENT AND FULLY UNDERSTAND THEIR CONTENTS. I/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND ON BEHALF OF MYSELF, MY/OUR CHILD, I HEREBY VOLUNTARILY SIGN IT OF MY OWN FREE WILL

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

**Releasors Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Releasors (Parent/Guardian #1) Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Releasors (Parent/Guardian #2) Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Releasors Insurance Carrier** \_\_\_\_\_ **Policy#:** \_\_\_\_\_

**Medical Conditions or Restrictions:** \_\_\_\_\_

**Medications taken on a regular basis:** \_\_\_\_\_

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