



PARTICIPANT AGREEMENT:

As a participant in the Run Elite Program ("REP") Cross Country Camp ("Camp"), I agree to abide by the standards, policies, and guidelines of REP and the Camp, including its dress and conduct expectations.

In summary, the dress and grooming of Camp participants should be modest, neat, and clean. Clothing should be appropriate for cross country training and should not be excessively revealing. Proper running attire, including moisture-wicking clothing and appropriate footwear for trail and road running, is required for all training sessions. Shoes should be worn in public areas when not actively engaged in running activities. I understand these standards and agree to abide by them while a participant in this Camp. I understand that if I do not abide by the standards outlined by REP, I may be removed from this Camp and not permitted to attend future REP-sponsored programs.

ATHLETE AGREEMENT/MEDICAL RELEASE AND CONSENT:

I hereby consent to my participation in the Run Elite Program ("REP") Cross Country Camp ("Camp"), which may include various activities such as, but not limited to, long-distance runs, trail running, hill workouts, games, competitions, practice sessions, conditioning sessions, meals, and seminars.

I recognize and understand that there are certain risks of harm to myself and others associated with my participation in the Camp, that there are dangers that cannot be fully foreseen, and that REP, its directors, coaches, volunteers, and employees (hereinafter collectively "REP Staff") cannot control all risks. Such risks could result in bodily injury or death to myself and/or to others. I understand that some of the inherent dangers and risks associated with cross country running include, but are not limited to, dehydration, heat exhaustion, cardiac events, musculoskeletal injuries, falls, collisions with obstacles or other runners, exposure to unpredictable weather conditions, uneven terrain, and wildlife encounters.

I acknowledge and agree that my participation in the Camp is voluntary and that REP Staff may make judgments regarding my ability or capacity to perform or participate. I recognize that injuries may occur even when I follow all instructions given by coaches or instructors, as training and competition naturally involve pushing beyond prior physical limits.

I understand that REP does not provide medical insurance for Camp participants, and I assume full responsibility for all injuries or claims that may arise from my participation in the Camp, including those relating to my physical and/or emotional limitations. I unconditionally release REP and its affiliates from any and all liability or claims that may result from my participation in the Camp.



PARENTAL AGREEMENT/MEDICAL RELEASE AND CONSENT (continued):

I have been evaluated by a physician within the last year and have no known health, emotional, or injury-related conditions (recent or chronic) that will be aggravated by or that will prevent my active participation in the Camp. I understand that I am responsible for providing myself with all prescription and over-the-counter medications I take on a regular or as-needed basis (e.g., an inhaler for exercise-induced asthma, migraine medication, etc.). I further understand that I should provide a written note to Camp administration explaining the reason for any medication brought to the Camp.

I hereby authorize and give consent to REP Staff to act on my behalf to secure medical treatment for any and all emergency medical, emergency surgical, and non-emergency medical treatment that may be necessary in connection with my participation in the Camp. I acknowledge that REP provides access to athletic trainers who may assess the level of medical attention needed in case of an injury or perceived injury. I understand that if medical treatment is necessary, an attempt will be made to contact my emergency contact. In the event that my contact cannot be timely reached, I hereby give my consent to receive such treatment as deemed necessary by a licensed health care professional. I agree to assume full responsibility for all costs incurred related to such treatment, including related transportation expenses, and understand that I will be solely responsible for any medical or other charges in connection with my attendance at the Camp.

I hereby authorize and give consent to Intermountain Health Sports Medicine to provide medical care and treatment for any situations that may arise during the REP Camp. This consent ensures that athletic trainers from Intermountain Health can promptly and effectively address any medical needs I may have.

I further agree that my image may be used, with discretion, by REP, its licensees, and assignees for promotional purposes, including, but not limited to, in print, digital media, and/or video productions. I understand and agree that I have no expectation of or claim for any compensation for this.