



Warrior Running Camp Scholarship Application

Name of Applicant: _____

Address: _____

Phone Number: _____

Email Address: _____

Name of Emergency Contact and Phone Number: _____

Gender (M/F) _____ Age: _____

School: _____

Name of Coach: _____

Miles per Week: _____

How many miles is your long run? _____

Please share on a separate piece of paper your running experience and why you feel you should be selected for the Warrior Running Camp. If you are selected to attend the Warrior Running Camp, you will be required to share a written summary of your camp experience with us.

I know that running is a potentially hazardous activity. I assume all risk associated with running, including but not limited to falls, contact with other participants, running injuries and injuries resulting from physical limitations and disabilities. I waive, release, discharge and agree not to sue the Palm Beach Roadrunners and Warrior Running Camp and their officers, directors and agents for any injuries or damages arising from my participation in the Warrior Running Camp.

(Signature of student, or parent if under 18)

Date: _____

Please forward your application by Friday, May 28, 2010 to:

Nicole Rice
12830 Briarlake Drive #104
Palm Beach Gardens, FL 33418

www.palmbeachroadrunners.com