



5th Annual Run Around The Town Kids 5K Run & Walk

Student Registration Form

Participant Name: _____ Grade: _____
(Please Print)

School: _____ Age on day of race: _____

Address: _____

Parent/Guardian Email: _____

Race Location: Joe R. Lee Boys & Girls Club

Date: Wednesday, October 5th, 2016 at 5:00pm – 7:00pm

Race Info: 3.1 Mile Run/Walk through the Historic Town of Eatonville.

1st 100 students receive T-shirt and Medal for participation

Additional Info: Students will be escorted by adult running buddies, volunteers and the Eatonville Police Department.

Please return completed Registration Forms to your school's front office; the Eatonville Library or email them to Lisa_A@PositiveFlowFoundation.com.

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER (Must be completed if under 18)

I, _____, grant permission for my child, _____, to participate in the 5th Annual Run Around The Town.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I intend to be legally bound, and do hereby, for myself, my heirs, executors, waive and release all rights and claims for damages which may have or which may hereinafter accrue to my child against the Positive Flow Foundation, the Historic Town of Eatonville, Joe R. Lee Boys & Girls Club, any subsidiary or political division thereof, of their respective officers, agents, directors, representatives, successors, assigns, and sponsors for any and all damages or injuries which may be sustained and suffered by my child in connection with this entry or participation in the Run Around The Town. If my child should suffer injury or illness I authorize officials of the race to use their discretion to have my child transported to a medical facility, and I take full responsibility for this action. I attest and certify that my child is physically fit to participate in this event. I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

Participant Name: (Print): _____ Sex: _____

Birth Date: _____ T-Shirt Size (Circle One): Youth SM, Youth Med, Youth LG, Youth XL

Parent/Guardian Name: (Print): _____ Phone: _____

Please check this box if you are interested in being a volunteer for this event. If so, please indicate your T-Shirt size. T-Shirt Size (Circle One): SM Med LG XL 2X 3X 4X 5X.

Signature: _____ Date: _____

For more information, please call Lisa Abdallah-Nosakhere @ (352) 217-1279 or email her @ Lisa_A@PositiveFlowFoundation.com.