



**THE 4<sup>TH</sup> ANNUAL EATONVILLE 5K RUN WALK  
OBSTACLE FUN CHALLENGE FOR KIDS  
STUDENT REGISTRATION FORMS**



Participant Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please Print)

School: \_\_\_\_\_ Age on day of race: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Race Location: Hungerford Prep High School Football Field.  
Date: Wednesday, February 21st, 2018 at 5:00pm – 7:00pm.  
Race Info: 3.1 Mile Obstacle Run Challenge at Hungerford Prep Football Field.  
Additional Info: Students will be escorted by adult buddies and volunteers.

**STUDENTS WILL RECEIVE A MEDAL OR CERTIFICATE FOR COMPLETING  
THE 4<sup>TH</sup> ANNUAL EATONVILLE 5K RUN WALK OBSTACLE FUN CHALLENGE FOR KIDS.**

Please return completed Registration Forms to your school’s front office; the Eatonville Library or email them to [Lisa@PositiveFlowFoundation.org](mailto:Lisa@PositiveFlowFoundation.org).

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

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the 4th Annual Eatonville 5K Obstacle Kids Fun Run Challenge Student Registration Form.

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: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: (Print): \_\_\_\_\_

Please check this box  if you are interested in being a volunteer for this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_