

**A Fundraising 5K Run/Walk to benefit the Ghouls & Boys of Sycamore Elementary**

# Spooky Run

Race # \_\_\_\_\_

Voluntarily and at my own risk, I am participating in the Sycamore Elementary School Spooky Run Saturday, October 28, 2017.

I know that running is potentially dangerous. I know that I should not participate unless I am physically fit and sufficiently trained. I assume all risks associated with running this event including, but not limited to: fall, contact with other participants, the effects of the weather: including high heat and / or humidity, traffic and road conditions, all such risks I know and appreciate. In the event of an injury in the course of my participation, I hereby give consent and authorize medical personnel to provide such medical care as deemed necessary.

Having read this waiver and knowing the facts, I for myself and anyone entitled to act on my behalf, waive and release Sycamore Elementary School and Vail School District, its officers, directors, agents, volunteers, and employees from all claims or liabilities of any kind that arise out of neglect or carelessness on the part of the persons named in this waiver.

I grant permission to all of the foregoing to use any photographs, motion picture, recordings, or any other record of this event for any Legitimate Purpose.

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### Parent or Legal Guardian for Persons under Eighteen Years of Age

Print Name: \_\_\_\_\_

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

Relation to Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Check Here if you are interested in **Volunteering** to help with the race

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Athlete or Participant:

- |                |              |                   |               |
|----------------|--------------|-------------------|---------------|
| 1. Name: _____ | Grade: _____ | Shirt Size: _____ | Paid \$ _____ |
| 2. Name: _____ | Grade: _____ | Shirt Size: _____ | Paid \$ _____ |
| 3. Name: _____ | Grade: _____ | Shirt Size: _____ | Paid \$ _____ |
| 4. Name: _____ | Grade: _____ | Shirt Size: _____ | Paid \$ _____ |
| 5. Name: _____ | Grade: _____ | Shirt Size: _____ | Paid \$ _____ |

Total Paid \$ \_\_\_\_\_

Shirt sizes Available: Youth S, M, L Adult S, M, L, XL (2XL & 3XL add \$2.00)

*Shirts are limited so be sure to register on or BEFORE Oct. 18th. Shirt purchase is on a first come, first serve basis. We will continue to accept registration after the 18th, however, we can not guarantee shirt availability after this date.*

**\*\* Return Registration Form & Payment to your Teacher**

or

**the Sycamore Front Office \*\***

**\*A PTA board member will be on campus Friday September 22nd before and after school, and Wednesday October 18th before the PTA meeting at 6:00 pm, to accept debit/credit card payments for registration.**

***Bikes/Scooters & all wheels are welcome but only runners will place  
Looking forward to a Spooktacular good time!***