



**2014 Running is A Community Event 5K
May 10, 2014 – 8am at Rice Elementary**



Registration Form

If mailing, address to: Rice Elementary School, 7000 Third Street, Wellington, CO 80549 or Eyestone Elementary School P.O. Box 69. Wellington, CO 80549. **Mailed registrations must be received by April 30, 2014, or drop off your form at either Rice or Eyestone in the front office. Registrations received AFTER 4/18 are NOT guaranteed a t-shirt.**

Please Sign Waiver in the next column!

We must have a waiver for each participant – NO EXCEPTIONS!

(Please Print)

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (_____) _____ **AGE ON RACE DAY:** _____

EMAIL: _____

T-SHIRT SIZE: CHILDRENS S M L XL ADULT: S M L XL

CIRCLE ONE: 5K Run 5K Walk

REGISTRATION PRICING:

\$15 - adults (\$20 after 4/18); \$5- PSD students (\$10 after 4/18); 5 & under - FREE

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 Recently an Eyestone 2nd grader got diagnosed with Leukemia. We are accepting added donations for the family to help cover their care and treatment.
 Yes, I would like to donate an additional \$ _____

TOTAL PAYMENT: \$ _____ (For multiple registrants paying together, please staple individual forms together and write one total.)

Office Use Only:

Check # _____ Cash \$ _____ Bib # _____

READ THIS DOCUMENT COMPLETELY BEFORE SIGNING. ITS EFFECT IS TO RELEASE Poudre SCHOOL DISTRICT, RICE AND EYESTONE ELEMENTARY SCHOOLS, AND THE STATE OF COLORADO FROM ANY LIABILITY RESULTING FROM YOUR PARTICIPATION IN THE ACTIVITIES DESCRIBED BELOW, AND TO WAIVE ALL CLAIMS FOR DAMAGES OR LESSES AGAINST THE SCHOOL DISTRICT WHICH MAY ARISE FROM SUCH ACTIVITIES EVEN IF THEY RESULT FROM NEGLIGENCE RELEASE FROM RESPONSIBILITY, ASSUMPTIONS OF RISK, AND WAIVER

In consideration of my being permitted to participate in the Running is A Community Event 5K at Rice Elementary School, on May 10, 2014, I, _____, (print name) the undersigned participant, exercising my own free choice to participate voluntarily in the above-named activity, and promising to take due care during such participation, hereby release and discharge, indemnify and hold harmless Poudre School District and Rice Elementary School and Eyestone Elementary School, and their employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons, and entities, (all of such persons and entities are identified below as "Released Parties") against all claims, demand, causes of actions whatsoever, either in law or in equity, relating to injury, disability, death, or other harm, to persons or property of both, arising from my participation in and/or presence at the above-listed activity.

I acknowledge that I have been informed of hazards and risks including but not limited to: sprains, strains, dislocations, amputations, cuts, bruises, breaks, teeth (loosened/broken/knocked out), head injuries, paralysis, exposure to outdoor elements resulting in injury, drowning, death, and other risks normally associated with my participation in the above-named activity; I understand, accept, and assume those hazards and risks, and waive all claims against Poudre School District and Rice Elementary School, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with the above-name activity.

I understand that by signing this release I have given up all future liability claims by me against the Released Parties. I also understand that even if this release were not signed, my assertion of such claims would have to be based on legally recognized wrongful acts or omissions of the Released Parties and that they are in no way insurers of my safety. I also understand that because the School District and its governing board are state institutions, several limitations and exclusions exist with respect to liability of the Released Parties. Therefore, I have determined whether I have adequate separate personal insurance to cover all harm that I suffer due to participations in this activity and I have obtained all insurance protection that I want.

Participant's Full Name: _____

Date of Birth (mm/dd/yy) _____

Circle One: PSD Student Non-Student

I HAVE READ, UNDERSTOOD, AND AGREED TO THE ABOVE TERMS THIS _____ DAY OF _____, 2014.

Signature of person whose name appears above:

 Signature (If participant is under 18 years of age, Signature must be Parent of Legal Guardian's)

 Witness over 18 years of age (Participant must sign in the presence of the Witness)