

# FCCLA 5K GLOW RUN/WALK

Saturday, April 18, 2015

9:00 p.m.

NAME \_\_\_\_\_ Age on race day \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Gender (circle) Male Female

\$20.00 per person

Registration begins at 8:00 p.m. at the WCHS Track

Wear a white or light colored shirt

Make checks payable to: USD 108

Drop off or mail form and fee to:

WCHS FCCLA  
115 North D St.  
Washington, KS 66968

## PARTICIPANT WAIVER

Knowingly, and at my own risk, I am participating in the FCCLA 5K Glow Run/Walk. I do hereby waive and release any and all claims against USD 108, WCHS FCCLA, City of Washington or township officials, sponsors, employees, volunteers, etc of these organizations from any claim of injury (including death) that I may incur as a result of my participation in the event. I further hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the FCCLA 5K Glow Run/Walk, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Printed Participant Name \_\_\_\_\_

Signature of Participant (or legal guardian if under age 18) \_\_\_\_\_