

CELEBRATE SCHOOLS! 5K RUN WALK

October 7, 2017 Registration begins at 7am, Race begins at 8am



Proceeds Benefit
**Foundation for
 Edmonds School District**

Deliver to:
Foundation ESD
 20420 68th Ave W
 Lynnwood, WA 98036

\$25 | Adults 19+ \$15 | Youth 13-18 \$7 | Kids 0-12 \$25 | Virtual Runner

NAME _____		SCHOOL _____	
ADDRESS _____		CITY _____	ZIP CODE _____
PHONE _____		EMAIL _____	
<input type="checkbox"/> Yes, I'd like to contribute \$_____ to sponsor a low income student's participation		<input type="checkbox"/> I'd like to be a Virtual Runner	
		SEX M F	AGE _____
		T-SHIRT SIZE (CIRCLE ONE) YTH MED SM MED LG XL	
		- WHILE SUPPLIES LAST -	

Waiver for insurance purposes: I hereby certify the following; (1) I am medically able and properly trained to participate in the Celebrate Schools 5K Run/Walk to benefit the Foundation for Edmonds School District, (2) I further agree in the event of an injury or accident that event officials may authorize necessary medical treatment for me and I further authorize the necessary medical treatment provider to furnish to the event organizers my name, telephone number, and if applicable, the name of any hospital or medical facility I was transported to by any necessary treatment as a result of any injury or medical problem that arose out of this event, and (3) I further grant the race organizer permission to reproduce, publish, circulate, copyright or other use any and all photographs and/or videotapes of my and/or my family, taken at the event, and (4) Having read this waiver and knowing these facts, and in consideration for the acceptance of my entry into the event, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge all subsidiaries, affiliates, assigns, representatives and successors of the Foundation for Edmonds School District, and all event sponsors, suppliers, agents, independent contractors, employees and other personnel in any way assisting or connected with the Celebrate Schools 5K Run/Walk from any and all claims of any kind whatsoever.

I HAVE READ & ACCEPT THE TERMS & CONDITIONS

SIGNATURE _____

DATE _____

NAME OF PARENT / GUARDIAN IF PARTICIPANT IS UNDER 18 _____

SIGNATURE OF PARENT / GUARDIAN IF PARTICIPANT IS UNDER 18 _____

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