

Stroud High School 5K Glow-Run Fun Run

Proceeds benefit **Stephenson Cancer Center**

Sponsored by SHS Student Council & FCCLA

Mon. Oct 21, 2019

Sign in: 6:30 – 7:00 pm; Start time: 7:15

Run begins in front of Memorial Gym

Deadline for Shirt Order – **Oct 4, 2019**

\*Please complete a form for every t-shirt ordered

Name \_\_\_\_\_ Business/Family/School \_\_\_\_\_

Phone \_\_\_\_\_

**Registration Cost** (includes t-shirt & donation):

**Short Sleeve - \$15**– Make Check Payable to Stroud High School

Size (Please mark one size for each person registered):

\_\_\_\_ YS      \_\_\_\_ YM      \_\_\_\_ YL

\_\_\_\_ AS      \_\_\_\_ AM      \_\_\_\_ AL      \_\_\_\_ AXL

\_\_\_\_ 2XL      \_\_\_\_ 3XL      \_\_\_\_ 4XL (please add \$2 for these sizes)

**Long Sleeve (Adult Sizes Only) - \$20** – Make Check Payable to Stroud High School

\_\_\_\_ AS      \_\_\_\_ AM      \_\_\_\_ AL      \_\_\_\_ AXL      \_\_\_\_ 2XL (+\$2)      \_\_\_\_ 3XL (+\$2)

**Total Amount Owed:**

\_\_\_\_ T-Shirts      = \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

**Participating in Glow Run (must sign and return liability waiver for each participant with shirt order)**

\_\_\_\_ Yes – Names of those participating: \_\_\_\_\_

\_\_\_\_ No

For office use only:

paid: check \_\_\_\_\_ # \_\_\_\_\_ cash \_\_\_\_\_

## **Stroud High School 5K Glow Run 2019**

### **Release and Waiver (Please Read and Sign)**

I am aware that participating in a running event is a potentially hazardous activity and that I and/or my child should enter and participate unless I and/or my child are physically and mentally able. I assume all risks associated with my and/or my child's participation in the Stroud High School 5k Glow Run, including, but not limited to falls, contact with others, the effects of the weather, including high heat and/or humidity, traffic, road conditions, all such risks to myself and/or my child being known and appreciated by me. Having read this waiver and release from liability form, and knowing these facts, and in consideration of your accepting my entry and/or my child's entry, I for myself and/or my child and anyone entitled to act on our behalf, covenant not to sue, and hereby waive, release, and discharge Stroud Public Schools, its administration and faculty, employees, event sponsors, race officials or volunteers, their representatives successors or assigns from and all claims if liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation and/or my child's participation in the event. This release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. I for myself and/or my child grant full permission to use any photographs, videotapes, motion pictures, recordings or any other record of the event for any purpose. I understand that all fees are nonrefundable.

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**Print Participant's Name**

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**List all Children's names for this participant**

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**Participant's or Parent's Signature**

**Date**