

Jackson Heights Family Color Run



The Jackson Heights Elementary PTO is hosting a Family Color (green & gold) Run at 9:00 on September 7, 2019 at the Cross Country Course. There is a \$10 entry fee and \$10 for the shirt. Please mail or return form to: Jackson Heights Elementary School, Attention: Gera Cochren, 12763 266th Road, Holton, KS 66436 by **August 30th**

Please circle the activity in which you wish to participate:						
5K Run		5K Walk		1 Mile		
NAME _____			EMAIL _____			
HOME ADDRESS _____						
CITY _____		STATE _____		ZIP _____	PHONE _____	
SHIRT SIZE				Make checks payable to: JH PTO		
Kids	S	M	L	XL	Cash _____	
Adults	S	M	L	XL	XXL	Check _____
					Total _____	

Release Form

I do hereby waive release any and all claims against Jackson Heights and all event sponsors, volunteers, or officials of this organization 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, I understand that color safe powder will be thrown at me to mark that I have reached the proposed routes and I am physically fit and sufficiently trained to participate. If however, as a result of my participation in the 5k Color Run, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Signature: _____ Date: _____

Release Form for Minors

I _____, Parent/Legal Guardian of _____ hereby grant my permission to said minor to participate in the 5k Color Run. In consideration of accepting this entry, I the undersigned, intending to be legally bound for said minor, hereby, his/her heirs, executors and administrators, waive and release any and all rights and claims for losses and damages said minor may have against Jackson Heights and all other parties and their representatives, successors and assigns for any and all injuries suffered by said minor in said event. I attest and verify that a licensed Medical Doctor has verified minor's physical condition. Furthermore, I hereby grant for said minor, full permission to any other record of this event for any purpose whatsoever.

Signature: _____ (Parent/Guardian) Date: _____