

CITY OF SANGER - BLOSSOM TRAIL RUN

SUSD Competition - Registration Form

Saturday, March 3, 2012

The school with the most runners wins!!!



JUDY Sponsored by:
CASE
 Fresno County Supervisor District **4**

This is a free event for SUSD students only!

Races:

- 10K Walk (non-competitive)
- Kids 1/2 Mile (Boys & Girls, 10 - 12)
- Kids 1/4 Mile (Boys, 8 - 9)
(Girls 8 - 9)
(Boys & Girls, 6 - 7)
- Kids 1/8 Mile (Boys and Girls, 2 - 5)
- 2 Mile Run/Walk (Boys & Girls, 10 - 17)

Start Times*

- 7:30am
- 7:40am
- 7:50am
- 7:55am
- 8:00am
- 8:05am
- 8:20am

* Please arrive to your listed start line at least 5 minutes prior; start times are prompt!

"Chip timing" provided by:
SOLE & SOUL
 RUNNING FITNESS • ENDURANCE

Check-in for all races between 6:45-7:15am at Bank of America (corner of 7th & "O" streets).

TURN BOTTOM HALF OF THIS FORM INTO YOUR SCHOOL OFFICE BY FRIDAY, FEBRUARY 17

Child's First & Last Name		Parent/Guardian First & Last Name		Primary Phone # ()
Age (on Race Day)	Grade	D.O.B. (MM/DD/YY) / /	Gender M F (circle one)	Alt Phone # ()
Address		City	Zip	School
E mail		T-SHIRTS SIZE: (circle one below) Youth: S M L Adult: S M L XL XXL		

PLEASE CIRCLE THE EVENT YOUR CHILD WILL BE PARTICIPATING:

- 10K Walk (all ages) Kids 1/2 Mile (ages 10-12) Kids 1/4 Mile (ages 6-9) Kids 1/8 Mile (ages 2-5) 2 Mile (run/walk) ages 10-17

WAIVER: MUST BE READ & SIGNED OR FORM WILL BE REJECTED

In consideration of the foregoing, I for myself, my heirs, executors and administrators, hereby waive and release and agree not to sue the Sanger Recreation Department, its principals the City of Sanger, Pro Race Group, Sanger Chamber of Commerce, Sanger Unified School District, any and all sponsors, organizers, volunteers, contractors, subcontractors or administrators of the event, as well as any officer, director, employee or agent of and of the foregoing with respect to any claims that may arise in connection with my participation in the Blossom Trail Run or any related event, including but not limited to any and all claims of personal injury or property damage. I understand that the Blossom Trail Run is a dangerous activity and I attest that I am physically fit and sufficiently trained to participate. I grant full permission to the race medical officials to authorize emergency treatment on my behalf if they deem it necessary. I grant full permission to any and all of the foregoing to use me name my voice, and my picture in any broadcast, telecast, advertising, promotion or other account of this event for any purpose whatsoever. I understand that the events will take place rain or shine, and that my entry fee is non-refundable. If I am under 18 years of age, this release and agreement is being signed by my parent or legal guardian on both my and his/her behalf.

By my signature below, I hereby certify and acknowledge that I have read this document and understand each and every paragraph contained in this waiver. I am aware that this is a full release of liability on behalf of the City of Sanger as described above and sign it of my own free will. 11/26/03

Signature (parent/ guardian)

Date