

Tekonsha High School
National Honor Society's
8th Annual

5K Walk/Run

When? Saturday, May 26, 2018

Where? Tekonsha High School

Time? Registration at 8am

Race Begins at 9am

Cost? \$10 per person



Please drop off your registration with payment (made out to Tekonsha NHS) to the Tekonsha High School office or please mail to:

Tekonsha High School
Attn: Hannah Katz
245 South Elm Street
Tekonsha, MI 49092

This year's 5K is to benefit Autism/Special Olympics. Registration will take place by the High School Entrance. The race will begin and end at Tekonsha High School. There are 5 age brackets for men and women that will each receive medals for the top three places. Prizes and refreshments will be provided. Make checks payable to Tekonsha National Honor Society.

For questions or concerns please call (517) 767-4121 X109. Thank you for your support!

(Detach and send in the below portion)

First Name: _____ Last Name: _____

Age: _____ Gender: _____ Shirt Size: _____ (as supplies last)

Phone number: _____ (Please add an additional \$2 for shirt sizes over 2X)

Waiver and Release

I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and/or walking in this event, including, but not limited to falls, contact with other participants, contact with others using the courseway, the effects of the weather, including low temperatures and/or wind chill, high temperatures and humidity, traffic and conditions of the course and road. All such risks being known and appreciated by me, having read this waiver and knowing these facts and in consideration of this entry I hereby for myself, heirs, executors and administrators waive any and all claims I may have for damages against Tekonsha Community Schools and all sponsors and individuals associated with the event, their representatives and successors and assigns for any and all injuries suffered by me in connection with this event, including pre and post race activities. I hereby grant permission to use my name and photographs, videotapes, motion pictures, recording or any other record of my participation in this event for any purpose. There will be a \$20.00 fee for all returned checks.

I understand and agree to the waiver and release*

Signature of Race Participant/Parent-Guardian of Minor Participant

Date