**Bean Station Elementary School**

**Night Owl Run/Walk**

**Registration Form**

Please make checks payable to:

*Bean Station Elementary School*

*Attn: Owl Run*

*200 Bean Station School Rd.*

*Bean Station, TN 37708*

Please fill out a separate form for each family member. (Please Print)

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City/State/Zip Phone Email

**Race day Emergency contact (name/phone)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *I will participate in the following event:*  **Fun Run: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Walk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  T-Shirt Size (Circle Size)  Youth : S M L  Adult: S M L XL XXL XXXL  *T-shirts are provided to all pre-registered participants. Those registering after 9/30/2016 are not guaranteed a shirt or correct size.*  Registration  \_\_\_\_\_\_\_Pre-Registration $15.00  \_\_\_\_\_\_\_ On-Site Registration $20.00 | **Waiver**  *I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/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 run/walk. I assume all risk associated with running/walking in this event including, but not limited to, fall, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road and any contact with animals. All such risk being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Bean Station Elementary School, The City of Bean Station, and any employees of the above, Race Organizers and Sponsors, Their Representatives and Successors from all claims and liabilities of any kind arising out of my participation in this event. I also give permission to the event sponsors to use any or all photos taken of me in future advertising of the event(s).*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Signature of participant/signature of Parent or Guardian. (if under 17) |