



# F3 - FUN, FOOD, FITNESS 5K

sponsored by

**School District of Pickens County  
Student Nutrition**

**Saturday, April 28, 2018**

**10:00 AM**

**Daniel High School Football Field**

## Registration Form

**Registration Details:** Registration is open to all who would like to participate. There is no cost to run/walk.

**Early registration:** Forms need to be sent to Theresa by April 14, 2018 by fax 864-859-5815, by email [theresaboggs@pickens.k12.sc.us](mailto:theresaboggs@pickens.k12.sc.us) or mail to Student Nutrition, 110 West Jones Avenue, Pickens, SC 29671.

**Print:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Age** \_\_\_\_\_

**Shirt Size (Circle One)**      **X Small**    **Small**    **Medium**    **Large**    **X Large**

**Shirts will be available at registration on a first come basis.**

**Top three (3) winners will be recognized.**

### RELEASE OF LIABILITY

I know that running/walking in a road race is a potentially hazardous activity. I represent that I am medically able and properly trained to participate in this event. I assume all risks associated with this event including, but not limited to, heat exhaustion, falls, contact with other participants, effects of weather, dangerous traffic conditions, etc., all such risks being known and recognized by me. I hereby agree, for myself and my heirs, assigns, personal representative, executors and administrators, to waive, release, and forever discharge the School District of Pickens County and its respective directors, officers and employees, volunteers, and any and all sponsors, suppliers and any other personal assisting or connected with this event, any rights, claims, or demands therefore which I may have or which I may hereafter accrue to me arising out of injury to my person or my property incurred in connection with participation in the F3-FUN, FOOD, FITNESS 5K held on April 28, 2018.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's Signature (if under 18 years of age)** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_