

Some proceeds will benefit the
**Interactive Outdoor
Classroom and Trail**

The Fifth Annual Wolf 5K Run/Walk

April 28, 2018

East Stroudsburg School District- North Campus
Registration & Liability Waiver Form

Some proceeds will
benefit the **ES
North Honor
Society**

Each participant/participant's guardian must sign this form.

Name: _____ (please print)

Age as of race day _____ Grade /School if applicable _____

Address: _____

Email: _____ Phone# _____

T-shirt Size Adult sizes- S M L XL

Location: Race will begin & end at the East Stroudsburg North Campus – (Bushkill Falls Rd)

Date: Saturday, April 28 at 9:30 a.m. RAIN OR SHINE

Registration: \$20.00 for pre-registrants received by April 6, 2018 (Pre-registration includes t-shirt.)

Registration Race Morning: 8:00 – 8:45 a.m. 5k - Race Start: 9:30 a.m.

\$20.00 for **late registrants** after April 6 or day of the race (**no t-shirt**)

Questions?

Lisa-vitulli@esasd.net or
Eileen-pearson@esasd.net

Please make checks payable to: **ESASD Activity Fund**

Please return Registration & Liability Waiver Form to:

Lisa Vitulli or Eileen Pearson

Lehman Intermediate School

257 Timberwolf Road

Dingmans Ferry, PA 18328

******All individuals who are under 17 must be accompanied by an adult 21 years or older at all times.******

RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation, whether such injuries are the result of negligence on my part or the part of any sponsor, cooperating or coordinating group. I hereby give my permission to the media to use my name and photograph in the newspaper, audio, or video of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Signature _____ Date _____

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER (Must be completed if under 18)

Participant name: (Print) _____ Birth Date: _____ Sex: _____

Parent/Guardian Name: (Print) _____ Home Phone: _____

I, _____, grant permission for my child, _____, to participate in the 5th Annual Wolf Run 5k Race/Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend East Stroudsburg Area School District, its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the East Stroudsburg Area School District, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. Medical Matters: I hereby warrant that to the best of my knowledge, **my child is in good health, and I assume all responsibility for the health of my child.**

Signature _____ Date _____

Adult responsible for above child on race day _____ Cell phone _____

There will
be prizes!

Students
Pre-Registration
\$10.00