

JVES Family Fun Run & Walk

Bring the whole family out for a morning of fun and fitness!

Saturday, May 5, 2018

9:00 am

Friends Park in Forest Hill

37 E. Jarrettsville Road

Registration Options:

\$5 – Individual walker / runner

\$20 – Family registration (4+)

\$5 – Cheerleader

(Can't participate? You and your family members can still support our event as "cheerleaders" by making a donation!)



We provide the course along the Ma & Pa Trail, with 1, 2 and 3.1 mile markers and water stops along the way ... and you can set your own pace!

Following your run / walk, please join in on the many fun activities we have planned surrounding the pavilion and playground!

All children who participate will receive a FINISHER'S ribbon!

Advance registration and completion of a liability form is appreciated. Registration will also be available on-site the morning of the event. Please note - all children MUST be accompanied by an adult.

This event is a non-refundable, SHINE ONLY event. If the weather does not cooperate, the event will be canceled. If needed, this notification will be posted on the JVES PTA Facebook page, and an email will be sent to all registered attendees by 7 am.

This event is open to JVES staff members, students and families, and other members of the community who wish to support our school. Please help us promote it!

Questions? Contact Tracy Fitzgerald at 443-910-3575 or tracy@fitzgeraldmarketing.com

JVES Family Fun Run & Walk

Event Registration & Liability Form

Saturday, May 5, 2018 ~ 9 am ~ Friends Park

Name _____

Phone Number _____

Email Address _____

Individual registration (\$5) Cheerleader / Supporter (\$5)

Family registration (4+ people - \$20)

*Please list names of family members who will participate, below

***Please make checks payable to JVES PTA.**

Please choose one:

My child / family member attends JVES.

I am a JVES staff member.

I am a general member of the community.

Other _____

**All participants are required to complete and submit an event waiver / liability form (please see reverse side of this paper). If you are registering a family for this event, please indicate the names and of all participants. If you are registering more than 4 people, please submit a second waiver so that all members of your group are covered.*



**PARENT'S APPROVAL AND STUDENT WAIVER
AND PARTICIPANTS' WAIVER**

Print the name of all family members who may participate in any PTA sponsored events for the [insert period] school year (including student, siblings and parents):

1. _____
Participant Name Age, if minor child

2. _____
Participant Name Age, if minor child

3. _____
Participant Name Age, if minor child

4. _____
Participant Name Age, if minor child

The undersigned parent(s) or guardian(s) assume all risks in connection with the participation of all individuals listed above in any and all of the PTA sponsored activities.

I attest and verify that all individuals listed above are physically fit and able to participate in any PTA sponsored activities. Further I acknowledge that it is my responsibility to understand any inherent risks associated with PTA sponsored activities and communicate those risks to all individuals named above.

I do hereby certify that to the best of my knowledge and belief all individuals named above are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to secure proper treatment for my child(ren). I/we do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I/we hereby advise that the above named minor(s) has the following allergies, medicine reactions or unusual physical conditions, which should be made known to a treating physician: (If none, please write the word "none". If yes, put first name of child and the allergy/condition.): _____

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the Maryland State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have carefully read and fully understand its contents. I am aware that this is a release of liability and signed it of my own free will.

1. _____
Parent/Guardian Signature Print Name Date

2. _____
Parent/Guardian Signature Print Name Date

Address City State Zip Phone (incl area code)