



St. Ann Family Fest Fun Run

Saturday, October 6, 2018 Warmups Begin 10am
EVERY ENTRANT RECEIVES A CUSTOM ST. ANN BEAD!

Bubble Run - 10:15 a.m.

Begins in front of the stage on the blacktop at 10:15 a.m. The route will be through the black top and around the fair booths. This is a short race for students in kindergarten and younger.

1 MILE FUN RUN/WALK - 10:30 a.m.

The 1 mile fun run/walk begins at 10:30 am for ages 6 and older. Begins by school office and ends at gate to black top by stage. Visit www.stannschool.org for the exact race route.

\$5.00 per entrant until October 1. \$10.00 per entrant on the day of the race.

Send completed waiver and cash or check (made payable to **St. Ann Family Fest**) via school in an envelope marked "Attn: Family Fest Fun Run". *All entry fees are non-refundable.*

PLEASE PRINT CLEARLY:

PARENT LAST NAME: _____ PARENT FIRST NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (H) _____ (C) _____

E-MAIL ADDRESS: _____

LIST ALL PARTICIPANTS:

| Last Name | First Name | Sex | Age on Race Day | SAS Homeroom | Select Race |
|-----------|------------|-----|-----------------|--------------|---|
| | | | | | <input type="checkbox"/> Bubble Run <input type="checkbox"/> Fun Run |
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I know that running a road race is a potentially hazardous activity. I should not enter and run 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. I assume all the risks associated with running 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 other conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in considerations of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the St. Ann Family Fest, St Ann School and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the forgoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature of Parent or Guardian if entrant is under 18

Date

Signature of additional participating adult

Date

For Fair Committee Use ONLY

Payment: Cash or Check

Check#

Rcvd Date:

Date Favor Sent: