

The 1st Annual John P. Freeman PTSA 5K Walk Run

Saturday, April 26, 2014 - 8:00 a.m.
John P. Freeman Optional School
5250 Tulane Road, Memphis, TN 38109



Registration Form

Full Name: _____

Gender: Male / Female (circle one) Age: (on race day) _____ Activity: Running / Walking (circle one)

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal _____

Code: _____ Country: _____ Employer _____

Phone: (____) _____ Email: _____

Shirt Size: (CIRCLE ONE) S M L XL 2XL 3XL 4XL (Additional shirts may be purchased S-XL - \$10; 2XL-4XL- \$15)

EVENT INFORMATION: The John P. Freeman PTSA is hosting the 1st Annual John P. Freeman PTSA 5K WALK RUN on Saturday, April 26, 2014. Proceeds from the event will be used to enhance Student Achievement, Support Academic and Sports Programs, update Technology for STEM, Support Student Activities, Parental and Community Engagement and for School Improvement projects that will directly benefit all of our John P. Freeman Students.

TIME: Registration begins at 7:30 am; The race begins 8:00 am

REGISTRATION: You may also register online at www.racesonline.com

PARTICIPATION FEE:

| Category | Early | After 4/18/14 |
|------------------------------------|-------|---------------|
| 5k Run/Walk | \$25 | \$30 |
| 400m Kids Dash (Ages 10 and Under) | \$10 | \$10 |
| Spirit Runner (Shirt Only) | \$20 | \$20 |

Registration \$25 AND \$30 after April 18, 2014 (\$10 for students ages 10 and under) & (\$20 for Spirit Runners Only).

Please indicate payment method Cash, Cashier's Check or Money Order made payable and sent to:

John P. Freeman PTSA – 5250 Tulane Road, Memphis TN 38109

EVENT DISCLAIMER: Please review the following waiver and disclaimer. **By adding your signature, you accept this waiver and disclaimer.** Waiver and Release: By participating in this Event, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during the Event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the organizers of this event, its principals, its officers & directors, its employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the Event without compensation.

I AGREE Sign here: _____

Questions? Contact Yvonne Morton, Event Chairperson at 901-552-6557

Please make a copy of this form for your records!