

Boles ISD Color Run / 5K Registration Form



Please complete one form per participant.

Participant Information

Name: _____ Age: _____
Date of Birth: _____ Gender (optional): _____
Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Email Address: _____

Race Selection

- Color Run
- 5K Run/Walk

T-Shirt Information (if applicable)

Adult Sizes

- Small
- Medium
- Large
- XL
- XXL
- XXXL

Youth Sizes

- Small
- Medium
- Large

Emergency Contact

Name: _____

Relationship: _____

Phone Number: _____

Payment Information

Cash

Check (Payable to Boles Athletic Booster Club)

Registration Deadline: April 8

Participant Waiver and Release of Liability

I acknowledge that participating in the Boles ISD Color Run / 5K involves physical activity and carries a risk of injury. I certify that I am physically able to participate in this event.

In consideration of being allowed to participate, I hereby release and hold harmless Boles Independent School District, the Boles Athletic Booster Club, Arms of Hope, event organizers, volunteers, sponsors, and all affiliated parties from any and all liability, claims, demands, or causes of action that may arise from injury, illness, loss, or damage related to my participation in this event.

I understand that I assume full responsibility for any injuries or medical conditions that may occur during or because of participation in this event.

I grant permission for event organizers to use photographs or video taken during the event for promotional purposes.

I have read this waiver and fully understand its terms.

Participant Signature

Signature: _____

Printed Name: _____

Date: _____

Parent/Guardian (Required if participant is under 18)

Parent/Guardian Name: _____

Signature: _____

Date: _____

Emergency Phone: _____