City School Foundation Back to School Dash 5K/10K
September 15, 2018 7:00 AM
Overall Creek Elementary
429 Otter Trail Murfreesboro TN 37128

Registration Form

One registration form is required per participant.

Last Name _____ First Name_____

Address_____

City_____ State_____ Zip_____

Phone_____ Email_____

Date of Birth _____/_____/_____ Gender_____

T-Shirts will not be provided to those registering on race day.

Payment

After 8/31/17	Adult 5K registration	$35.00	_____
After 8/31/17	Adult 10 K registration	$40.00	_____
		Total	

Enclosed is my check/money order for $_____ payable to **The City Schools Foundation**

Waiver and Release of Liability & Permission
PLEASE READ CAREFULLY

In consideration for permission to participate in this sport or activity and any related transportation I agree as follows:

1. *I have considered and evaluated the risks, dangers and possibility of injury resulting from participation in and related transportation, if any, to the sport or activity in which I am participating.*
2. *I know and understand foreseeable and unforeseeable injuries could occur from actions of myself, other participants, Murfreesboro City Schools and the City, their employees or volunteers, contractors with Murfreesboro City Schools and the City and other persons involved in the activity or not.*
3. *I deliberately and knowingly assume all costs, risks of injury and/or other damages for myself, including but not limited to cost of medical treatment, permanent injury or*

death, and property damages resulting from this sport or activity. I waive, release and hold harmless City Schools Foundation, RunSignUp.com, Murfreesboro City Schools and the City, their employees, volunteers, and agents from all legal and financial responsibility and from all costs, injuries and/or other damages for myself (including but not limited to, cost of medical treatment, permanent injury or death, and property damage) from this sport or activity and related transportation, if any.

4. *If I am not present, or if present, not able to make decisions, I authorize City Schools Foundation, Murfreesboro City Schools and/or the City, their employees, volunteers and/or contractors to obtain or provide any first aid or other medical treatment which they deem necessary for me at my expense and this is subject to the waiver, release, assumption of costs, risks, and hold harmless agreement, etc. set forth in preceding paragraph.*
5. *I give my permission for any photos or video footage of myself taken during the course of this sport or activity to be used for educational, promotional, or any other purpose.*
6. *I agree that in the event of any lawsuits arising from this agreement of this sport or activity, jurisdiction in venue must be in the courts for Rutherford County, Tennessee.*
7. *I understand that strollers, bicycles, skates, skateboards, and pets are absolutely restricted from the race course.*

Participant Name _____

Participant Signature _____

Parent/Legal Guardian must sign if participant is minor:

Parent Name _____

Parent Signature _____

Parent Telephone Number _____ Date _____

For questions please **contact tori.carr@cityschools.net**

Bring your completed form to. Central Office, 2552 S. Church Street on Thursday, September 13 from 8 am to 12 pm or City Tile, 223 S. Spring Street, 37130 on Friday, September 14 from 12 pm -5 pm or Overall Creek Elementary, 429 Otter Trail, 37128, on race day before 6:00 am.