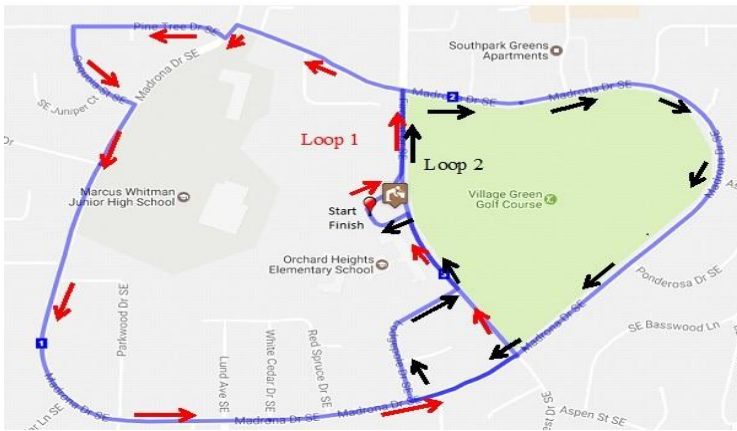


## Feeding Families 5K Course



Race starts and finishes in the Orchard Heights School parking lot.

### **Loop 1: Red Arrows**

Left onto Fircrest Dr SE  
Left onto Madrona Dr SE  
Left to stay on Madrona Dr SE  
Right onto Pine Tree Dr SE  
Left onto Sequoia St SE  
Right onto Madrona Dr SE  
Left onto Fircrest Dr SE

### **Loop 2: Black Arrows**

Right onto Madrona Dr SE  
Right onto Lodge Pole Dr SE  
Left onto Fircrest Dr SE  
Left into Orchard Heights Elementary School parking lot

**Race Starts at 9AM**  
**Orchard Heights Elementary**  
**2288 Fircrest Dr SE**  
**Port Orchard, WA 98366**

**PLEASE PRINT LEGIBLY**

**T-Shirt orders must be received by September 1<sup>st</sup>**

BIB#

*Each participant must fill out a separate form and sign the waiver below.*

\*Name \_\_\_\_\_ \*Birth Date \_\_\_\_\_ \*Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

In consideration for being permitted by the organizers of the Feeding Families 5K to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death or property damage which may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the organizers of Feeding Families 5K (its officers, employees, volunteers, and agents) from any participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of those risks is to be binding on my heirs and assigns. I agree to indemnify and to hold the above person or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN IF APPLICANT IS UNDER 18 YEARS OF AGE). I hereby consent that my son/daughter \_\_\_\_\_, participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

I have carefully read this Agreement, Waiver, and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the organizers of Feeding Families 5K and I sign it of my own free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

- ☐ **5K Pre-Registration Fee \$20**  
☐ **5K Day-of Registration Fee \$30**  
☐ **T-Shirt (Must order by Sept 1) \$15**  
**Circle Size XS S M L XL XXL**

Mail this entry and payment to SKHL by September 12<sup>th</sup> to

**SKHL Feeding Families 5K**  
**1012 Mitchell Ave, Port Orchard, WA 98366**