



Take Stock In Children's
**STRIDES FOR
EDUCATION**
5K Walk/Run



*Official Entry Form - Strides for Education 5K - The Foundation for Lee County Public Schools

First Name _____ Last Name _____ M.I. _____
Date of Birth _____ Age (race day) _____ M _____ F _____
Address _____ City _____ State _____ Zip _____
Phone: _____ Email Address: _____ Shirt Size: YM ___ XS ___ S ___ M ___ L ___ XL ___ 2XL ___

CHECK EVENT YOU ARE PARTICIPATING IN: ___ 5K Run/Walk (Teacher/Student) ___ 5K Run/Walk (General Participant) ___ Kids Fun Run

Registration Fee: \$30.00 (Regular) \$25.00 (Youth, Age 1-17 & Teacher)

WAIVER OF LIABILITY: I know that participating in this running/walking event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily assuming all risks associated with participating in this running/walking event including but not limited to falls, contact with other participants, spectators or others, the effects of weather, including heat, cold and/or humidity, traffic and rough trail conditions of the course, all risks being known and appreciated by me. Having read this Waiver of Liability and knowing the facts, and in consideration of your acceptance of this application of entry in the Strides for Education 5K, to be held on February 28, 2026 at Florida SouthWestern State College, I, for myself and anyone entitled to act on my behalf, waive and release The Foundation for Lee County Public Schools, Florida SouthWestern State College, Fort Myers Track Club, the RRCA, the State of Florida, the County of Lee, all sponsors and officers, directors, and members of each of said organizations, their respective employees and agents, and any other entities and individuals who are in any way connected with this event even though that liability may arise out of negligence or carelessness on part of persons named in this waiver. BY SUBMITTING THIS APPLICATION, I AGREE TO THE ABOVE WAIVER OF LIABILITY. The Foundation for Lee County Public Schools reserves the right to deny registration to any applicant.

Date: _____ Signature: _____ Parent or Guardian Signature (if under 18): _____

Please make check payable to: The Foundation for Lee County Public Schools.

If entry by mail, please send to P.O.Box 1608, Fort Myers, FL33902(Postmarked by January 21, 2026).

***Registration fee is non refundable and non transferable.**