



Poquoson's Run for the Bulls

5K Run & 2M Walk

Saturday, October 27, 2018

Poquoson High School ● 51 Odd Road, Poquoson ● 8:30 a.m. ● Race day registration 7:00-8:15 a.m.

Complete the form below and mail with a check to:

Poquoson Education Foundation

c/o The Office Group

372-C Wythe Creek Road

Poquoson, VA 23662

Make checks payable to:

Poquoson Education Foundation.

Circle one: 5K Run 2M Walk Donation

First and last name (Print)

Street address

City State Zip

Phone

Email

Age _____ Gender _____

T-shirt size (unisex): **Youth** S M L

Adult S M L XL XXL XXXL

I would like to make a 100% tax deductible donation in the amount of: \$_____.

5K USATF Cert #VA14036RT



WAIVER (MUST BE SIGNED): I know that participating in a running road race is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this runner activity including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act in my behalf, waive and release any and all sponsors including but not limited to Peninsula Track Club, Road Runners Club of America, Kiwanis Club of Poquoson, Poquoson Education Foundation, the City of Poquoson, race officials and all other sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I also understand that in the event that this race cannot be held due to weather, a refund is not guaranteed.

Signature of athlete

Date

I certify that my son/daughter has my permission to compete in the Poquoson Run for the Bulls 5K and/or 2 mile walk, is in good physical condition, and that race officials have my permission to authorize emergency treatment.

Signature of parent if athlete is under 18

Date

