



CHOOSE LIFE

T-Shirt with every registration received by 3pm Friday, September 14th.

CHOOSE LIFE

5K WALK / RACE

SATURDAY SEPTEMBER 22ND

GATEKEEPERS OF BHS IS A NEWLY FORMED, STUDENT-LED CLUB FOCUSED ON BRINGING AWARENESS TO MENTAL HEALTH. FUNDS RAISED WILL GO TOWARDS PROJECTS FOR THIS SCHOOL YEAR.

WHAT: GATEKEEPERS OF BHS 1ST ANNUAL 5K WALK / RACE

WHEN: SATURDAY, SEPTEMBER 22ND. REGISTRATION AT 8AM- 8:45AM, RACE BEGINS AT 9AM

WHERE: BATH SCHOOL DISTRICT, 5K ROUTE WILL BE MARKED OFF

COST: \$15 (CHECKS MADE PAYABLE TO GATEKEEPERS OF BHS) AGES 6 AND UNDER FREE (NO SHIRT)

REGISTRATION:

_____		_____	_____
Last Name	First Name	Age	Phone Number
_____		_____	
Emergency Contact Name		Emergency Contact Phone Number	

RACE SHIRT: To receive a t shirt, registration must be turned in by 3pm on Friday, September 14th to Mr. Gillett at Bath High School: 2850 Bible Road Lima, Ohio 45801. Late registrations and walk up registrations are welcomed, but no t-shirt will be included. Shirts are Gildan DryBlend 50/50

- Youth XS Adult Small Adult 2x (add \$3)
- Youth Small Adult Medium Adult 3x (add \$3)
- Youth Medium Adult Large Adult 4x (add \$3)
- Youth Large Adult XL Adult 5x (add \$3)
- Youth XL

\$_____ Total Amount Enclosed
cash_____ check #_____

One registration form is required per participant with waiver signed on back.

WAIVER FOR GATEKEEPERS OF BHS 5K
SATURDAY SEPTEMBER 22, 2018

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the event director, Bath Local Schools, and all of their agents assisting with the event, including sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during, or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a license medical doctor has verified my physical condition.

In the event of illness, injury or medical emergency arising during the event, I hereby authorize and give my consent to the event director to secure from any accredited hospital, clinic and/or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including, but not limited to, medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or as a parent or adult guardian for all children under 18 years of age) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video, or electronic recording for this event for legitimate purposes.

Printed Name of Participant (or parent/ guardian if participant is under 18 years of age)

Signature

Date