Waiver and Release of Liability of All Legal Rights, Claims, and Damages

Williamsport High School Interact Club 5k Walk/ Run Benefitting the Toms® One Day without Shoes Campaign

The Toms® One Day Without Shoes Campaign is a nationwide effort to provide medication and shoes to people in third world countries to combat foot relates diseases. All of the proceeds from this event will be donated to the Toms® One Day Without Shoes Campaign. Shoes must be worm during this event.

WHEN: April 25, 2015
Race: 9:00
Registration: 8:30

Registration Fees: Early Registration: $20.00
After April 17th: $25.00
Race Day Registration: $25.00

Description: The approximately 5,000 meter course will run along the Williamsport High Campus. The Course is mostly flat with little change in elevation.

Please Note: T-shirts are guaranteed to registrants who register by April 12th. After, t-shirts will be included on first-come, first-serve basis.

For questions contact: williamsportInteract@gmail.com or visit www.williamsportinteract.weebly.com

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Please Print:

_____ _____ _____
Last Name **First Name** **Telephone Number**

_____ **T-shirt: S M L XL XXL**
(Circle One)

_____ _____ _____
Age on Race Day Gender E-mail Address

□**WHS Student** _____
Grade

In consideration of my participation in the Williamsport High School Interact Club 5k Walk/Run, I, the undersigned, with the intentions to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release all legal rights and claims for damages of any nature of kind that I may have against Williamsport High School, Washington County Board of Education, event organizers, sponsors, and their agents, repetitives, successors, and assigns for nay of the above named groups or entities. I understand that participating in such an event involves risks of physical injury, and I acknowledge that I feel physically fit for such activity and also acknowledge that I understand the potential risks of this event. I understand that physical training is required in order to reduce the risk of injury and I represent that I am physically fit and sufficiently trained for the completion of this event.

_____ _____
Signed Date

I am the legal guardian of _____ and have read and agreed to the above waiver and he/she has my permission to participate in this event. (If participant is under the age of 18.)

Mail to: Williamsport High School c/o Randy Longnecker
5 s Clifton Drive Williamsport, MD 21795
Checks made payable to: Williamsport High School with One Day Without Shoes in the subject line.