

# FAIRVIEW SCHOOL FLYIN' EAGLE 2019

## 3K FUN RUN/WALK

Saturday, May 4, 2019



Instructions:

- **COMPLETE FOR ALL PARTICIPANTS.**
- Day of registration begins at 8:00 am. Race begins at 9:00 am.
- Fill out (please print) form and sign waiver (Entry will not be accepted without the signed waiver).
- Make checks payable to: **PTA of Fairview School**. Reference "Flyin' Eagle 3K" and participant name in the memo line. Individual entry fees are non-refundable and non-transferable.
- Come dressed up in your favorite Star Wars costume and be ready for fun games and activities!

Bring or mail registrations to the Fairview School office by **April 10<sup>th</sup>** (in order to get your correct t-shirt size)  
**Fairview School, 251 Big Orange Way, Sylva, NC 28779, Attn: PTA President**  
T-shirts will be included for the first 75 participants.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Gender (Circle one): M/F Birthdate: mm/dd/yy \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size (free for first 75 participants): Please Circle: Adult / Youth XS / S / M / L / XL

\*Additional Participants (with same contact information)

1. Name: \_\_\_\_\_ Shirt Size (circle one): Adult / Youth XS/ S/ M/ L/ XL

Gender (circle one): M/F Birthdate: mm/dd/yy \_\_\_\_\_ Age: \_\_\_\_\_

2. Name: \_\_\_\_\_ Shirt Size (circle one): Adult / Youth XS/ S/ M/ L/ XL

Gender (circle one): M/F Birthdate: mm/dd/yy \_\_\_\_\_ Age: \_\_\_\_\_

3. Name: \_\_\_\_\_ Shirt Size (circle one): Adult / Youth XS/ S/ M/ L/ XL

Gender (circle one): M/F Birthdate: mm/dd/yy \_\_\_\_\_ Age: \_\_\_\_\_

Race Entry Total:

\_\_\_\_\_ X \$20 (\$25 for same day registration) = \_\_\_\_\_  
Number of entries TOTAL

# WAIVER MUST BE READ, SIGNED AND RETURNED WITH ENTRY

## OFFICIAL WAIVER:

I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk 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/walk. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, including high humidity, mud, traffic and the conditions of the road and pathways, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of acceptance of my entry, I for myself or anyone entitled to act on my behalf, waive and release Fairview School, Jackson County Public Schools, the City of Sylva, NC, and any and all persons, sponsors and entities, their representatives and successors from all claims or liabilities of any kind arising out of my participation even though said liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission for all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. Parents must sign if participant is under 18 years of age. This is to certify that my child has permission to compete in this event, is in good physical condition and that event officials may authorize necessary emergency treatment.

## ENTRY FEES ARE NON-REFUNDABLE

I have read and understand the above waiver:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Parent signature if under 18:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Additional Child's Name

\_\_\_\_\_  
Additional Child's Name