



PARTICIPANT FORM

15th Annual GRANDVIEW TRIANGLE Family Fun Walk/Run

Saturday, Sept. 17, 2016

GRANDVIEW TRIANGLE WALK/RUN

- Partnership with Grandview C-4 School District PE Department and Grandview Education Foundation
- Started in 2001 to encourage exercise and health practices and raise funds for GEF programs such as scholarships and teacher and staff grants.

ALL PARTICIPANTS WELCOME

- K - 12 students receive free t-shirt with registration
- Business, organization, families, school teams encouraged
- Awards for all students
- Healthy snacks at end of walk/run
- More than 500 participants expected

EVENTS START from Grandview High School

- Four-mile walk or run goes to Longview Lake
- Two-mile walk or run East from GHS and back
- One-mile walk or run East from GHS and back
- Check-in time is 7:45; walks/runs start at 8:30

FOR MORE INFORMATION about

- Participating in the **Walk/Run**, contact Dana Bedwell, 816-316-5885, dana.bedwell@grandviewc4.net
- **GEF**, sponsorship or general event information, info@grandvieweducation.org
- Additional forms: www.grandvieweducation.org

TURN FORMS in to

- Grandview K - 12 students return forms to: **PE/Health teacher or school office**
- Nonstudents mail, email or fax to:
- **Dana Bedwell, Grandview High School
2300 High Grove Rd, Grandview, MO 64030
dana.bedwell@grandviewc4.net, fax 816-316-5898**



WALK/RUN REGISTRATION FORM

Release and Waiver for Grandview Triangle Walk/Run Event: I know that a road race is a potentially hazardous activity. I should not enter and walk/run unless I am medically able and properly trained. I also know that although police protection will be provided, there will be traffic on the course. I assume the risk of walking/running in this event including, but not limited to, falls, contact with other participants, the affects of weather and the conditions of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, my executors, administrators and anyone else who might claim on my behalf, covenant not to sue, and waive, release and discard the Grandview C-4 School District, the Grandview Education Foundation, the physical education and health instructors, and any and all sponsors and any and all directors, officers, employees and volunteers of any of the aforementioned from any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of or in the course of my participation in this event. This Release and Waiver extends to claims of every kind and nature whatsoever, foreseen and unforeseen, known or unknown. I also give permission for the free use of my name and/or picture in any broadcast, telecast or electronic or print media account of this event for any purpose.

X _____ Date: _____
Walk/Run Participant Signature (Parent or guardian if under 18 years of age)

Name: _____ School: _____ Grade: _____

Shirt size (circle one): Adult 2XL, Adult XL, Adult L, Adult M, Adult S, Youth L, Youth M, Youth S

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Child K - 12 _____ (\$5, includes t-shirt) Adult participant _____ (\$15, includes t-shirt)

Amount: _____ Date Received: _____

Payment Method: Cash Check Visa* (onsite) Mastercard* (onsite) PayPal (www.grandvieweducation.org)

credit card # _____ expiration date _____

signature _____ date _____

*credit cards, Pay Pal should add a 1.5% service charge

Checks should be made out to Grandview Education Foundation.

Fax to: 816-316-5898; email: info@grandvieweducation.org
Grandview Education Foundation is a 501(c)3 nonprofit.