

CGD MS Peer Helpers present  
**\* 5K GLOW RUN & WALK \***  
**Friday, October 26<sup>th</sup>, 2018**

**\* OBSTACLE COURSE ONLY WAIVER \***

An obstacle course will be available for children in grades Preschool – 8<sup>th</sup> for an additional charge of \$5 for unlimited play.

(In the event of rain, race and all activities will be moved into the CGD Elementary and Middle Schools.)

*Proceeds from this event will benefit the following organizations:  
Meals from the Heartland; local Salvation Army; Feed My Starving Children;  
Mary's Place for the Homeless; Sharing & Caring Hands; & Veterans Honor Flight.*

**\*PLEASE COMPLETE ONE FORM W/ WAIVER PER OBSTACLE COURSE PARTICIPANT**

**Runner / Walker Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Obstacle Course Cost:** *(circle one)*      **\$5 Student (Preschool-8<sup>th</sup>)**      **\$35 Family Max**

**Total Cost:** \_\_\_\_\_ **(Checks payable to "CGD Schools")**

**\*Mail forms and payment to: CGDMS Peer Helpers; c/o Margaret Askelsen; 319 3<sup>rd</sup> Ave NE; Clarion, IA 50525**

**Waiver:** The undersigned fully understands and acknowledges that there is risk of injury from participating in this event. These risks may include the potential for serious injury or death. Based upon an understanding of the inherent risks of this activity, I assume full responsibility for any risk of loss, property damage or personal injury that may be sustained by myself or my child as a result of participating in this activity. In consideration of your acceptance of this entry, I hereby, for myself, my child, executors and administrators, waive any and all rights and claims for damages I may have against individuals associated with the CGDMS Peer Helpers 5K Glow Run & Walk and its additional activities at the Clarion-Goldfield-Dows Community School District – all sponsors, officials, representatives, successors, and assignees – for any and all injuries suffered by myself and/or my child during, because of, or in travels to and from said event. I attest and verify that I have full knowledge of the risk involved in this event and am physically fit and sufficiently trained to participate in the event on Friday, October 26<sup>th</sup>, 2018.

\* Waiver is mandatory. Forms submitted with unsigned waivers will not be processed.

\* No refunds for any reasons.

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if  
runner/walker is under 18 years of age

\_\_\_\_\_  
Date