

SOUTH FAYETTE STUDENT GOVERNMENT



GLOW RUN



J U N E 3rd 2 0 1 7
1 mile & 5K run

Benefiting the **Children's Hospital of Pittsburgh Foundation**

Registration starts at 6:00 pm | 1 Mile Run/Walk at 8:00 pm | 5k Race at 9:00

LOCATED AT THE SOUTH FAYETTE SCHOOL DISTRICT STADIUM

Packages			
Standard Package	\$25	Glow Package	\$30
<ul style="list-style-type: none">• Neon "Glow Run" t-shirt• "Glow Run" draw string bag• 1 glow-in-the-dark necklace• Running bib with chip timer• Unforgettable glow-in-the-dark experience!		<p>Everything in Standard Package Plus:</p> <ul style="list-style-type: none">• 2 glow-in-the-dark bracelets• Glow game punch card (10 FREE games)• 1 additional multicolored glow-in-the-dark necklace• "Glow Run" water bottle	

Name: _____ Email: _____

Choose your package (**circle below**):

Standard Mile **Glow** Mile | **Standard** 5k **Glow** 5k

Choose your T-shirt size (**circle below**):

Youth - S M L

Adult - S M L XL 2XL 3XL

Registration Deadline: MAY 10, 2017

Registration or donation checks can be made payable to **South Fayette Student Government**. This form (FRONT AND BACK) must be submitted to any SF School Office or mailed to SF High School, ATTN: Glow Run, 3640 Old Oakdale Road, McDonald, PA 15057. **Both online and paper registration must be RECEIVED by May 10th.**

ONLINE REGISTRATION: <http://sfglowrun.weebly.com/>

PERMISSION AND ASSUMPTION OF RISK:

I, the undersigned below, in consideration of my and/or my child's participation in the above referenced event, and any related activities ("event"), consent to the participation of the participant named below, and freely and knowingly assume on my own and/or my child's behalf all risks incidental to such participation, including the risk of physical injury. In addition, I hereby release the South Fayette Township and School District from any and all liabilities associated with such participation in the event.

BASED ON THE ABOVE TERMS, I CONSENT TO PARTICIPATON IN THE EVENT FOR THE PARTICIPANT LISTED BELOW.

Participant Name: _____

Street Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

E-mail: _____

Date of Birth: _____

Emergency Contact Name & Relation: _____

Emergency Contact Number: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

NOTE: Parent/Guardian must sign if:

- Participant is under 18
- Participant is 18 or over but still enrolled in high school