**Apple Springs Fun Run**

**Date: Saturday, September 15**

**Location: Apple Springs Football Field**

**Entry Fee: $5 per runner**

**Check In: Register 7:30-race time**

**Distance: 1 mile**

**Awards: Top 15 runners in 1st-3rd, and top 15 runners in 4th-6th will receive a medal. All others will receive a participation ribbon.**

**Time Schedule: 8:00 a.m. 1st-3rd grade**

 **8:15 a.m. 4th-6th grade**

 **-----------------------------------------------------------------------------------------------------------**

**Student name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Waiver: In consideration of the acceptance of**

 **this entry, I the undersigned, assume**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ full and complete responsibility for**

 **any injury or accident incurred**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ during my child’s participation in this**

 **event and hereby release and hold harm-**

**Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ less all associated with this event from any**

 **Circle: and all injury and damage. I also**

**Grade\_\_\_\_\_ Male or Female release all rights to use pictures or**

 **interviews taken at this event.**

\*Make checks payable to ASISD

 and turn in @ registration table

 the day of the race \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent Signature Date