

# Show Your Bulldog Pride!

## FCCLA 5K Color Run/Walk

### Saturday, April 14

Los Molinos High School  
7900 Sherwood Blvd., Los Molinos, CA 96055  
Registration starts at 8:00 am

Please print below

#### 1. Participant's Information

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Zip Code

\_\_\_\_\_

Email

\_\_\_\_\_

Telephone

2.

**Select T-shirt size**

*Circle One*

Youth Size    S   M   L   XL

Adult Size    S   M   L   XL

3.

Children under 5            Free

Ages 6-11                    \$11

Ages 12 and up            \$15

**We only accept cash or checks. Please make checks payable to "Los Molinos High School." Please register and pay at LMHS by March 23<sup>rd</sup> to guarantee a t-shirt. Registration on Run Day starts at 8:00am—shirts not guaranteed.**

#### 4. **Photo Release Disclaimer**

I hereby grant the *Los Molinos Unified School District* permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the *Los Molinos Unified School District* and will not be returned. I hereby irrevocably authorize the *Los Molinos Unified School District* to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo. I hereby hold harmless, release, and forever discharge the *Los Molinos Unified School District* from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**VOLUNTARY ACTIVITIES PARTICIPATION FORM  
ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK**

**LOS MOLINOS UNIFIED SCHOOL DISTRICT**

<b>Name of Participant</b>	
Description of Activity	Los Molinos Unified Color Run
Date(s)	April 14, 2018
Medical Insurance Carrier and Policy Number	
Emergency Contact Name & Phone Numbers	

I authorize the above participant to participate in the described activities shown. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely voluntary.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

**I understand, acknowledge, and agree that the LOS MOLINOS UNIFIED SCHOOL DISTRICT, its elected or appointed officials, employees, agents, and volunteers shall not be liable for any injury/illness suffered by the participant which is incident to and/or associated with preparing for and/or participating in this activity and I voluntarily assume all risk, known or unknown, of injuries, howsoever caused, even if caused, in whole or in part by the action, inaction, or negligence, of the released parties to the fullest extent allowed by law.**

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

\_\_\_\_\_  
Parent/Guardian Signature if Participant **under** 18 years old \_\_\_\_\_ Date

\_\_\_\_\_  
Student/Adult Signature if Participant over 18 years old \_\_\_\_\_ Date

**Note: A signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the LOS MOLINOS UNIFIED SCHOOL DISTRICT before participating in the above activity. If a signed Voluntary Activities Participation Form is not on file with the Los Molinos Unified School District, participation will be prohibited.**