



2nd Annual Jacket Dash

A Family Fun Event

Saturday, September 23, 2017 at Walt Churchill Track

Perrysburg High School, 13385 Roachton Road, Perrysburg OH 43551

Registration 8-9 a.m. • Event 9-11 a.m.

Free Admission • Rain or Shine (No Refunds)

Walk or Run!		<p>Event starts with a Free Family Lap (all ages)!</p> <p>For the safety of all participants, strollers, skateboards, bikes and other modes of transportation are prohibited on the track.</p>
Runner's Name:		
Address:		
City, State & Zip:		
Phone:		
Email:		
T-shirt Size:		<p>Waiver: I hereby waive all claims against Citizens for Perrysburg Schools, Jacket Dash or any of the sponsors or participants for any injury I may suffer while participating in this event. I attest that I am physically prepared for this event. I grant permission for event organizers to use my name, likeness, photographs, audio or video recordings of myself as well as any quotations from me in promotions of the event appearing on the web, print or in local media coverage. I agree to the full waiver on the back of this form.</p> <p>Signature (Legal Guardian if Under 18) & Date</p>
Check Amount:		
Select your race(s): <input type="checkbox"/> Family Lap (free) <input type="checkbox"/> Competitive Women's Mile (top 3 win medal) – age 15 & up (\$15/runner*) <input type="checkbox"/> Competitive Men's Mile (top 3 win medal) – age 15 & up (\$15/runner*) <input type="checkbox"/> Competitive Girls' Mile (top 3 win medal) – under age 15 (\$15/runner*) <input type="checkbox"/> Competitive Boys' Mile (top 3 win medal) – under age 15 (\$15/runner*) <input type="checkbox"/> Slow Poke Mile – all ages (\$15/runner*)		
*Runners receive T-shirts if registered by Aug. 24, 2017 *Family Discount: after first run, \$10 per run (submit together, 1 form per runner)		
***** PLEASE SIGN WAIVER →		
Sponsor!		<p>Gold - \$500 and Up * Logo included at top of T-shirt Mentioned in Press Release</p> <p>Silver - \$100-\$499 * Business Name included on T-shirt Mentioned in Press Release</p> <p>Bronze - \$50-\$99 * Family name included on T-shirt</p> <p>* If check (and logo) received by August 24, 2017 Email logo to citizens4perrysburgschools@gmail.com</p>
Company:		
Contact Name:		
Address:		
City, State, Zip:		
Phone:		
Email:		
Check Amount:		
Volunteer!		
Name:		Phone:
		Email:
<p>Please mail one form per person with check to "Citizens for Perrysburg Schools" to: Eric Benington, Treasurer, 412 Rutledge Court, Perrysburg OH 43551. Deadline Aug. 24, 2017 for sponsors & for runners to receive T-shirt.</p>		

Jacket Dash Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.