**Runnin' for Rhett Youth Fitness Program**

**Get ready for a FREE six-week fitness program that includes fun and movement.**

**School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name (First & Last)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grade \_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gender (check one):** F\_\_\_\_ M \_\_\_\_ Non-binary \_\_\_\_ Prefer Not to Answer \_\_\_\_

**Ethnicity (circle one):** White or Caucasian Black or African American Latino or Hispanic Native American or American Indian

Native Hawaiian or Pacific Islander Asian Two or More Other/Unknown Prefer Not to Answer

**Shirt Size: (circle one):** YS YM YL YXL AS AM AL AXL AXXL

**Address (Street Address)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address (City, State, Zip Code)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent /Guardian Name (First & Last)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Guardian Email (please write clearly)**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will parent/guardian or another adult be running the race with this child? (check one):** Yes \_\_\_\_\_ No \_\_\_\_\_

**Use of photos for marketing purposes (check one):** Opt In \_\_\_\_\_\_ Opt Out \_\_\_\_\_\_

**Permission Slip and Release Form**

**I have read the Runnin’ For Rhett Youth Fitness Program description and my initials and signature below indicate that I give permission for my child to participate**. \_\_\_\_\_\_\_ (Parent/Guardian Initials)

**I understand it is my responsibility to provide transportation for my child for this program. My child will be dropped off or picked up on time each session. I understand that if my child is dropped off or picked up late, they will not be able to continue with the program.**

\_\_\_\_\_\_ (Parent/Guardian Initials)

**I understand that by registering my child for the Runnin’ for Rhett Youth Fitness program, I am committing my child to run the Run Because You Can 5K on April 28, 2024.** \_\_\_\_\_\_\_ (Parent/Guardian Initials)

I, as parent/guardian, as consideration for my child/dependent being permitted by Runnin’ for Rhett and the organizations, cities and counties in which the race is contested, (herein collectively referred to as "Promoters and Sponsors") to participate in the 5K, I hereby agree that I, my assignees, heirs, distributees, guardians and legal representatives will not make a claim against, sue or attack the property of the Promoters and Sponsors, for any and all injuries or damage arising from my participation in the 5K. I also give free use of my child/dependent’s name and/or picture in any broadcast, telecast, or other account of this event. ASSUMPTION OF RISK: I am aware that running a distance running event is a strenuous and potentially dangerous activity. With knowledge of the risk involved, I hereby agree to accept any and all risks of injury or death. I represent and certify that my child/dependent is physically fit and has sufficiently trained for this event.

I have carefully read this agreement and understand its contents. I am aware that this is a release of liability and a contract between myself, the parent/guardian of the participant, and the Promoters and Sponsors and sign it of my own free will.

**Child Medical Conditions or Disabilities (if none, leave blank)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_