**Color Dash 5K**

**Benefiting NHS Seniors**

 March 14, 2015 8:00 a.m.

Westgate Park

$ 20 Registration Fee

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are registering to support a certain Northview Senior, please list their name below:

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

**Adult** S M L XL XXL XXXL

(T-shirts will **NOT** be guaranteed for those who register after March 4,2015)

**Event:**  5K = 8 AM start

**Registration Fees:**  $20 (Make checks payable to Northview High School)

**Check in:**  6:45 AM, March 14, 2015 at Westgate Park

**Mail registration forms to:** 3209 Reeves Street, Dothan, AL 36303

**Email to:** mamatthews@dothan.k12.al.us

**CONSENT ON OTHER SIDE**

**Participant Consent**

 I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in the event, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, waive and release any and all sponsors, their representatives and successors, from all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to sponsors and or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Minors accepted only with a parent or guardian's signature.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (waiver must be signed to participate) Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE (IF UNDERAGE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return forms and fee to Northview High School attn:M. Matthews by March 4, 2015.

Forms and fees can also be mailed to 3209 REEVES STREET, DOTHAN, AL 36303

CHECKS CAN BE MADE TO NORTHVIEW HIGH SCHOOL