

Run-Walk-N-Roll 5K/10K For Special Olympics

Proceeds will benefit Special Olympics Area 7

Date: 3/24/2018

**Packet Pick-up: 7:00-8:30 AM
on 3/24 at start line**

Start Time: 9:00 AM

Early Registration ends : 03/01/2018

- Entry fees: **T-shirt not guaranteed after 3/1/2018**
- \$0 for Special Olympic Area 7 athlete
 - \$25 (5K) \$30 (10K) for individual on or before 3/01/2018
 - \$30 (5K) \$35 (10K) for individual registration on or after 3/01/2018
 - \$35 (5K) \$40 (10K) race day registration
 - Group Rate: 10 or more
 - \$20 (5K) \$25 (10K) each on or before 03/01/2018
 - \$25 (5K) \$30 (10K) each on or after 03/01/2018
 - Student Rate: current K-12 students*
 - \$15 before 03/01/2018
 - \$20 on or after 3/01/2018

***Students, be prepared to show your school ID at packet pick-up!**

*Awards given for 1st, 2nd, and 3rd place OVERALL
and 1st place male and female in each age bracket
for the 5K and 10K Run.*

**All registration fees are non-refundable.
Event will take place rain or shine.**

USATF certified!
5K—SC10018BS
10K—SC12009DW



For more information call:

**Mary Kennedy
803-312-3995**



**Special
Olympics
South Carolina
AREA 7**

**The course will start and
finish in the bus parking lot
of Swansea High School.
The course will run through
the streets of Swansea with
aide stations along the way.
No pets, bicycles, or
skates permitted.**

SPECIAL OLYMPICS Area 7 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")
In consideration of participating in the Special Olympics Area 7 5K/10K Run-Walk-N-Roll ("Activity"), I represent that I understand the nature of a 5K/10K and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activities. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which traffic hazards are to be expected. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that 5K/10K events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasers" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Lexington School District 4, the Town of Swansea, Special Olympics, Inc., Special Olympics Area 7, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasers" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Signature of Participant (only if age 18 or over)

Date:

Signature of Parent/Legal Guardian
(if participant under age 18)

First Name	Last Name		
City	State		
Team Name (if applicable)			
Phone (REQUIRED)	Gender	DOB	
Email Address (REQUIRED)			
Circle Event Choice: *5K WALK participants will not receive a timing chip			
5K Walk*	5K Run	10K Run	
T-shirt size: YS YM YL S M L XL XXL(+\$2)			

Register Online at StrictlyRunning.com

Mail registration and entry fee to: Area 7 Special Olympics PO Box 214 Swansea, SC 29160	Entry Fee:	_____
	Additional T-shirts:	_____ @ \$10 each
	Additional Donation:	_____
	Donation Only:	_____
	Total:	_____

Make checks payable to SPECIAL OLYMPICS

Please submit one registration form for each race participant.