

CHS COLOR RUN

RACE GUIDE

HOW THE EVENT WORKS

All about having fun, in this un-timed run/walk participants are doused from head to toe in different colors at several stations throughout the race. With only two rules, the idea is easy to follow:

1. Wear white at the starting line!
2. Finish plastered in color!



RACE DAY - FRIDAY, MAY 12

Location: Central High School
131 K-V Road
Victoria, VA 23974

Time: May 19, 2017
5:00 p.m.-6:15 p.m.
Check-in is 4:45 p.m.

Registration Fee: \$7 due with forms

Safety First

- This is a school sponsored event - all school rules and dress code apply
- If you are concerned at all with any part of the run, feel free to wear safety glasses or dust mask
- Please follow any directions provided by race officials, volunteers, and administration
- Walkers stay to the right, runners to the left of the course
- Above all, please be courteous and respectful to everyone around you.

CHARITY HIGHLIGHT

Money from the race will be donated to Kids=Play fundraising project, an initiative that will bring the first all-inclusive playground to rural Virginia. For more information email kidsequalplay@gmail.com

ADDITIONAL INFORMATION

This event is sponsored by the CHS Ruri-Teens. Runners should wear white clothing or at least a white t-shirt so that the color will show. Bring a towel for the car ride home. Please contact cassie.duarte@k12lcp.org with any questions.

IF LIFE HANDS YOU COLOR, RUN WITH IT!

**CHS
COLOR
RUN**

RELEASE WAIVER

ALL ATHLETES MUST READ AND SIGN. PLEASE READ CAREFULLY BEFORE SIGNING THE ACKNOWLEDGEMENT, WAIVER AND RELEASE FROM LIABILITY (AWRL). I acknowledge that the CHS Color Run is a test of a person's physical and mental limits and it carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE CHS COLOR RUN. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified health professional. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the competitive rules adopted by the CHS Color Run (b) I AGREE that prior to participating in an event, I will inspect the race course, facilities, equipment, and areas to be used and if I believe any to be unsafe I will advise the person supervising the event, activity, facility, or area; (c) WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGES OF ANY KIND, INCLUDING ECONOMIC LOSSES AND LOSS AND/OR STOLEN ITEMS, WHICH ARISE OUT OF OR RELATE TO MY PARTICIPATION IN, OR MY TRAVELING TO AND FROM THE EVENT, THE FOLLOWING PERSONS OR ENTITIES: The CHS Color Run sponsors, Lunenburg County Public Schools, employees, volunteers, all states, cities, counties, or localities in which events or segments of events are held, and the officers, directors, employees, representatives, volunteers, and agents of any of the above even if such claims, losses, or liabilities are caused by the negligent acts or omissions of the persons I am hereby releasing or caused by the negligent acts of any other person or entity; (d) I ASSUME ANY AND ALL RISKS associated with participating in this event including but not limited to falls, contact and/or crashes with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the race path, water hazards, and any hazard that may be posed by spectators or volunteers all such risks being known and appreciated by me, and further acknowledge that these risks include risks that may be the negligence of the persons or entities mentioned in paragraph (c) or other persons or entities; (e) I AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES MENTIONED ABOVE IN PARAGRAPH (c) for any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions, (ii) the actions, inactions or negligence of others including those parties hereby indemnified; (iii) the conditions of the facilities, equipment, or areas where the event is being conducted; or (iv) any other harm caused by an occurrence related to the CHS Color Run even; and (g) I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in the CHS Color Run event, and I waive all right to any future compensation to which I may otherwise be entitled as a result of the use of my likeness; (h) I UNDERSTAND and accept that my entry fee is non-refundable under any circumstance.

I HEREBY AFFIRM THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.

Printed Name

Printed Name of Parent/Guardian

Signature

Date

Signature of Parent/Guardian

Date

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RELEASE WAIVER

The undersigned _____ (parent/guardian) is the parent and natural or legal guardian of _____ (minor's name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such a minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on the behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made of liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of this Consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to the CHS Color Run event. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for an on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment. NOTE: PARENT/GUARDIAN MUST ALSO SIGN AWRL ABOVE.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Relationship to Minor

Date

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