



**Highland View Academy
Application**

Date: May 12, 2019

Time: 9:00 a.m.

Location: HVA campus

Schedule

Registration Start Time: 8:00 a.m.

Registration Close Time: 8:50 a.m.

Race Start: 9:00 a.m. **Start/End Location:** HVA Admin. Parking Lot

Awards Ceremony: 10:00 a.m.

	Registration Cost:	\$20 before March 12
Date of Application (mm/dd/yr)		\$25 March 12-May 12
		\$30 May 12 (day of the event)

Name	Address

Phone Number	Email Address

		Shirt Sizes:	Adult	S	M	L	XL	XXL
Age	Gender (M/F)	(Circle One)						

Please send check with application to: Tartan 5K Run Highland View Academy 10100 Academy Drive Hagerstown MD 21740	Or for credit card payment complete below: <hr/> CC# (AE, MC, Visa) <hr/> Expiration Date CSV Card Zip Code <hr/> Cardholder Signature
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To pay online, please visit our Giving page (<https://www.highlandviewacademy.com/contact/giving>), Complete the requested information and place in the Notes field: 2019 Tartan 5K Run

Runner's Bib and your shirt (if you register by April 12) will be given to you before the run on the race day beginning at 8 a.m. at the Race Start. Extra shirts may be available at shirt cost after the run.



Event Waiver Form

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, Highland View Academy, and all of their agents assisting with the event, sponsors and their representatives 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 also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

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 my physical condition has been verified by a licensed Medical Doctor. 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 waiver.

Signature of Participant

Date

If participant is under the age of 18 years old, the Parent/Guardian must sign below.

Signature of Parent/Guardian (If participant is under 18 years old)

Date