

Warsaw XC

Elementary Mile

Grades K-6

When: Thursday, October 12th 2017

Where: Warsaw Community High School XC Course on Logan Street*

**Across from Tiger Baseball Field*

School Address: 1 Tiger Lane Warsaw, IN 46580

Entry Fee: \$8 Pre Register by Friday 9/29, \$10 after 9/22 (Registration from 4:30-5:15p on Race Day.)

Please make checks payable to: "WCHS"

Race Start: 5:30p-Girls; 5:50-Boys

Divisions: Overall individual champions will be crowned

K-2nd Grade Girls

K-2nd Grade Boys

3rd-4th Grade Girls

3rd-4th Grade Boys

5th-6th Grade girls

5th-6th Grade Boys

Awards: Race Medals to ALL FINISHERS! **To guarantee Race Medal, please register by Friday 9/29**

Contact: Matthew Campbell mcampbell4003@gmail.com 574-377-4003

WCHS 1 Tiger Lane Warsaw, IN 46580

Link: www.wchs.warsaw.k12.in.us/athletics or WarsawXC.com

Registration Form

First Name: _____ Last Name: _____ Gender: M F Grade: _____

Address: _____ City: _____ Zip Code: _____

Email _____ Elementary School Attended _____

Waiver: I know that running can be 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 this race. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effect of weather including heat and/or humidity, traffic and the conditions of the course, 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, for myself, and anyone entitled to act on my behalf, waive and release the organizers, Warsaw Community High School, Warsaw Community Schools and all sponsors, their representatives and successors from all claims of liability of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver. I grant permission to all of the organizers/sponsors of this event to use any photograph, motion pictures, recordings or other record of this event for any legitimate purpose.

Signature (Parent or Guardian if under 18) _____ Date _____

Please make checks payable to: WCHS