

# Oak Ridge Schools STOMP OUT Tobacco 5K Registration Form



Participants Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ I am a:  ORS Student  ORS Teacher/Staff  Other

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

**Check your Payment:** *In order to compete, you must be in good health and physically prepared to take on the challenges of the event in which you register. Registration is available online in advance or on race day. Skateboards, skates, and bikes, prohibited on the course. Online and mail in registration for the 5K race closes on May 19<sup>th</sup> at 11:00pm.*

- 5K only \$20 (non-student/staff member, \$25 race day)  Oak Ridge School Student (Prek-12) FREE (\$5 race day)  Oak Ridge School Employee FREE with badge (\$5 race day)

Age:  10 & under (must run with a paying adult)  11-14  15-19  20-29  30-39  40-49  50-59  60+

Gender:  Male  Female

T-Shirt Size (Limited Quantities so please pre-register!):  YS  YM  YL  S  M  L  XL  XXL  XXXL

### WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:

By indicating your acceptance, you understand, agree, warrant and covenant as follows:  
I understand that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident, which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effect of weather, traffic and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, **Oak Ridge Track Club, Oak Ridge Schools, ORS, Coordinated School Health, Jenifer Laurendine, the City of Oak Ridge, I Am Athlete, LLC ("IamAthlete"), SportsWare, Inc.** and each of their agents, representatives, successors and assigns, and all other persons associated with the event, for all of my liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in this event. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise.

I understand that the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event to use in media, school websites, newspapers, social media, etc.

Signature/Name of Participant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent (if participant under 18) \_\_\_\_\_ Date \_\_\_\_\_

Please send payment and make checks payable to:

**Oak Ridge Track Club (Memo- ORS 5K)**  
P.O. Box 4994  
Oak Ridge, TN 37831-4994

OR online at <http://www.imathlete.com/events/EventOverview.aspx?fEID=40096>



**Saturday, May 20, 2017**  
**Race Time: 8:00 a.m.**  
**Grove Center Race Course**  
**Registration in front of Oak Ridge Pool**  
**Robertsville Road/Randolph Road**

**Benefiting Oak Ridge Schools Coordinated School Health Program**

**Event will allow CSH program to provide events, such as the Turkey Trot, free of charge to our students.**

**ORS – Coordinated School Health**  
**SAB – Pupil Services Department**  
304 New York Avenue  
Oak Ridge, TN 37830  
Phone: 865-425-9028  
[jlaurendine@ortn.edu](mailto:jlaurendine@ortn.edu)



**Anderson County**  
Health Department  
Anderson County, Tennessee

