



SHARYLAND PIONEER NATIONAL HONOR SOCIETY

“COLORS FOR SCHOLARS”

5K COLOR RUN/WALK



DATE: Saturday, May 13, 2017 ~ Rain or Shine

TIME: 8:30am – 5K, all ages

PLACE: Start and End at Sharyland North Junior High Track
5100 Dove Ave. McAllen, TX 78504

REGISTRATION: 7:00am – 8:00am

DONATION: \$10.00 ages 5-12 // \$15.00 ages 13+
Kids 4yrs. and younger enter FREE
T-Shirts are additional \$5.00. Limited amount sold on Race Day.

AWARDS: Trophies awarded to the Overall Top Male and Female runner
Medals awarded to the Top 10 Male and Female runners

INFO: Sponsor Ms. Trisha Guerrero: trishguerrero@sharylandisd.org
NHS President Anne Rara: AR026177@students.sharylandisd.org
NHS Vice President Ysabella Benavidez: YB026633@students.sharylandisd.org
NHS Secretary Lauren Esqueda: LE023572@students.sharylandisd.org

Official Registration Form

I know that running a race is 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 the run. I assume all risks associated with running in the event, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, 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 hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, waive and release any and all sponsors, their representatives and successors, from all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The undersigned further grants full permission to sponsors and or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose. Minors accepted only with a parent or guardian's signature.

Name: _____ Age: _____ Gender: M F

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Signature: _____
(Parent's signature if under 18)

Registration#: _____

Amount Paid: _____

Check: _____ or Cash: _____

Make Checks Payable to:
Pioneer High School-NHS

Students can drop off registration
form and donation to an NHS
Officer or to Mrs. Butcher in
Room A136.