



## Elementary Cross Country Series

Where: Highland Park – Ft. Thomas, Ky

Questions? Please email Coach Alessandro  
brian.alessandro@fortthomas.kyschools.us

**YOU MUST HAVE THE RELEASE SIGNED AND TURNED IN ON RACEDAY.**

**PROGRAM PURPOSE:** TO PROMOTE THE SPORT OF RUNNING TO ELEMENTARY SCHOOL STUDENTS WHILE INTRODUCING THE SPORT OF CROSS COUNTRY. THE PROGRAM WILL BE FUN AND INFORMATIVE.

**Clinic and Races:** SEVERAL COACHES/ ATHLETES WILL BE ON HAND TO GIVE INSTRUCTIONS AND ANSWER QUESTIONS. WE WILL ONLY HAVE THREE RACES.

**PLEASE BE THERE EARLY ON FOR RACES. WE PLAN TO START ON TIME.**

### RACE DATES/TIMES:

RACE #1: SEPT. 15<sup>TH</sup>

RACE #2: SEPT. 22<sup>ND</sup>

CHAMPIONSHIP RACE: SEPT 29<sup>TH</sup>

### GRADE GROUPS/DISTANCES:

K-2 : ½ MILE RUN STARTING AT 5:00PM

3-4 : ¾ MILE RUN STARTING AT 5:10PM

5-6 : 1 MILE RUN STARTING AT 5:20PM

(please arrive no later than 4:30pm)

ALL RACES WILL START ON TIME AND WILL NOT BE CANCELLED UNLESS THERE IS THUNDER AND LIGHTNING.

**AWARDS:** ALL PARTICIPANTS WILL RECEIVE AN AWARD AS THEY FINISH IN THE FIRST 2 RACES (RIBBON). AFTER THE CHAMPIONSHIP RACE ON SEPT 22<sup>ND</sup>, AWARDS (METALS) ARE GIVEN TO THE TOP 10 ONLY IN EACH RACE.

**REGISTRATION:** THIS FORM MUST BE SIGNED AND RETURNED. PLEASE BRING IT WITH YOU ON RACE DAY. No Entry Fee.  
**DO NOT RETURN THIS TO YOUR SCHOOL!!**

**THANK YOU FOR PARTICIPATING!!**

**COACH BRIAN ALESSANDRO AND THE HIGHLANDS CROSS COUNTRY TEAM**

## ELEMENTARY CROSS COUNTRY SERIES PROGRAM WAIVER

NAME: \_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL: \_\_\_\_\_ SEX \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ AGE \_\_\_\_\_

**I KNOW THAT RUNNING IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER UNLESS I AM MEDICALLY ABLE AND PROPERLY TRAINED. I AGREE TO ABIDE BY ANY DECISION OF THE PROGRAM OFFICIAL RELATIVE TO MY ABILITY TO SAFELY COMPLETE THE PROGRAM. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITING TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF HIGH HEAT AND HUMIDITY, TRAFFIC AND THE CONDITION 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 APPLICATION, I, FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE HIGHLANDS CROSS COUNTRY TEAMS, HIGHLANDS HIGH/MIDDLE SCHOOL, ITS COACHES, ALL OTHERS INVOLVED IN THIS PROGRAM, AND THE CITY OF FORT THOMAS FROM CLAIMS OR LIABILITIES OF ANY KIND ARISING FROM MY PARTICIPATION IN THIS EVENT.**

PARENT / GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_