RUN FOR LIFE COLOR RUN

Saturday, April 18th, 2020 @ 10:00AM SPONSORED BY: SPASH HOSA

All proceeds will directly benefit patients at the Marshfield Clinic Cancer Center in Stevens Point through the Angel Fund!



What is a Color Run? With no winners or official times, the Color Run caters to everyone- from first time runners to seasoned athletes! You can run, walk, or jog your race with your family and friends! Please be aware that you will come home with very colorful clothes! Rain, snow, or shine, we will still have the run! You MUST register by March 13th, 2020 to receive a white Color Run t-shirt! After this date, we cannot guarantee t-shirts. ANYONE, OF ANY AGE, CAN PARTICIPATE!

Color Zone: The color zones will have volunteers who will throw non-toxic colored powder towards each "color runner." The volunteers will do their best to throw the powder at the torso, but the wind and other factors can cause the powder to get on the face. Please bring your own protective eyewear. A color zone can be bypassed completely if a participant does not wish to go through it. -- For safety reasons, all color zones will be at the end of the run.

The Powder: The powder is a non-toxic powder that will likely wash out of clothing. However, we recommend that you wear light- colored clothing that you won't mind being "colored."

Course Map & Parking: The course map can be found on our website. The course is a little over 2 miles long. **Color Party:** In color runs, (generally) at the end of each race, each participant throws a bag of colored powder (of their choice) in the air at the same time. This is commonly known as a "Color Party". Each participant will be provided one bag of powder at the end of their race. The more color, the more fun!!!

Questions? Email: boeckemi000@pointschools.net or blesniak@pointschools.net if you have any questions. Or, use the "Contact Us" tab on our website!

REGISTER BY MARCH 13, 2020 TO GUARANTEE A T-SHIRT!

FOR MORE INFORMATION, VISIT OUR WEBSITE AT:

WWW.SPASHCOLORRUN.WEEBLY.COM

Forms MUST be turned into the SPASH Main Office by Friday, March 13 2020 at 3:00PM. OR, mail your registration form to SPASH- Must be postmarked by FRIDAY, March 13, 2020.

SPASH, COLOR RUN, 1201 Northpoint Drive, Stevens Point, WI 54481

REGISTRATION FORM

2020 "RUN FOR LIFE" - COLOR RUN SPONSORED BY: SPASH HOSA

understand that I must be present at the event to receive my

t-shirt and other race supplies.

| Date: Saturday, April 18 | | |
|---|-------------|---------------|
| Location: Pick-Up/ Drop-Off/ park your car at SPASH: 1201 Northpoint Drive, Stevens Point, WI, 54481 | Check In | 9:15- 10:00AM |
| | Start Time | 10:00AM |
| | Color Party | 10:45-11:00AM |

- Course will follow Green Circle Trail from SPASH to Zenoff Park. It will then follow the Sculpture Park Trail, connecting to the Green Circle Trail, leading back to SPASH.
- (A) Parent/ Guardian(s) must participate to accompany participants under 10y/o
- COST: \$25.00 PER PARTICIPANT. Participants 4 and under are free, but they will not receive a t-shirt.

account of this event.

| in Event /Release of Information: | #1: Before and During Event #2: At Color Party | System Waiver & Release Statement: |
|---|--|--|
| In consideration of my/our entry being accepted, I waive any and all claims for ourselves, from the administrators, officials, sponsors, volunteers, employees, and all other organizations, including the City of Stevens Point, Portage County and the Stevens Point Area School District (SPASD), connected with the SPASH (Stevens Point Area Senior High School) "RUN FOR LIFE" event, for injury or illness that may directly or indirectly result from participation in the event. I agree that photographs of myself or child taken at the event may be used for any lawful purpose including publicity, illustration, advertising, and web/social content. I attest that I have full knowledge of the risks involved in this event, and am physically fit and sufficiently trained to participate in this event. I acknowledge that I will be passing through color zones, where non-toxic colored powder will be thrown. I understand that failure to follow the code of conduct could result in immediate termination from the event. I do further | #1: The use of alcohol and/or drugs is strictly prohibited at the run. To protect your eyes, please wear sunglasses, or another form of protective eyewear, throughout the race. We recommend you wear a bandana over your mouth as the color powder throughout the race. There is no guarantee you won't be hit with the color. Please respect all participants-Please allow participants who plan on running the race to start before the people who will be walking the race. Please keep courteous; Please keep moving, and do not stop on the course. Please follow the directions provided by race officials and volunteers. If there is a medical emergency, please call 911 immediately. NO ONE IS ALLOWED OUTSIDE OF THE COURSE BOUNDARIES. Leaving the boundaries will lead to immediate suspension from the event. Please respect all of the sculpture art in the Sculpture Park Trail. Please follow all instructions given to you by race officials, SPASD staff, volunteers, and event coordinators. #2: At 10:45AM, the "Color Party" will take place. If you wish to participate, you will be given a bag of colored powder of your choice at | I, the undersigned, fully recognize the inherent and potential risks of participation in this event and do so at my own risk. I agree to assume full legal and financial responsibility for my participation. I further assume full responsibility for my physical fitness and capability to perform under the conditions of the race. I voluntarily indemnify and hold harmless Marshfield Clinic Health System, event sponsors, director, site and volunteers from any liability arising from any occurrence in connection with this event and further waive any claim |
| authorize emergency treatment to be initiated at any medical facility to which I have been transported. I further agree that | the end of the run. At the start time (listed above), everyone will open their bag and throw the contents into the air. Please do not throw your | by me or my family estate, heirs or assigns arising from accidental |
| if I or my child receive medical treatment and/or is | powder into the air until you are instructed to do so. Please throw your | occurrence. I grant to Marshfield |
| hospitalized, their/my name shall be released to the SPASD | color powder bag away after the color party. Participants cannot leave | Clinic Health System the right to |
| officials upon their request. I understand that there are no | the event grounds until a parent/guardian picks them up. Please have a | the use of my picture in any |
| refunds if the event is held as advertised, Furthermore, I | ride arranged! Please follow all instructions given to you by race officials, | advertisement, promotion or other |

volunteers, and event coordinators.

Rain, shine, or snow, we will still have the event!

| BY REGISTERING FOR THIS EVENT, AND BY SIGNING BELOW (IN THE SHADED COLUMN), YOU AGREE TO ALL OF THE TERMS LISTED WITHIN THIS FORM. FAILURE TO FOLLOW THESE TERMS COULD LEAD TO SUSPENSION FROM THE EVENT. | | | | | | |
|---|--------------------------|---|--|--|--|--|
| Participant First Name | Participant Last Name | Age | T-Shirt Size YS, YM, YL, YXL, S, M, L, XL, 2XL | Initial your agreement to each section ***(see above)*** | Participant Signature If under 18. a guardian must sign. *SEE STATEMENT ABOVE* | Medical Concerns |
| 1. | | | | ABC | | |
| 2. | | | | ABC | | |
| 3. | | | | ABC | | |
| 4. | | | | ABC | | ATTACH AN ADDITIONAL SHEET IF NECESSARY. |
| 5. | | | | A B C | | |
| 6. | | | | ABC | | |
| 7. | | | | ABC | | |
| For emergency & registration question purposes: Phone Number #1: Phone Number #2: | | | | | | |
| x \$25.00 = \$ # participants > 4y/o GRAND TOTAL | | Cash - or - Check (#) (circle) Make checks payable to: "SPASH HOSA" | | | | |
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