



**Tolleson Wellness 5k Walk & Run**  
**April 21, 2018 7:15 a.m. Start**  
**Veterans Park (86<sup>th</sup> Ave & Van Buren St.) Tolleson, AZ**

**PERSONAL INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Gender:  Male |  Female      Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State AZ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

T-Shirt Size (Circle One):    Adult:    S          M          L          XL          XXL          XXXL  
    Youth:    S          M          L

Check one:     TESD Student/Family     TESD Employee/Family     City of Tolleson Employee/Family

**FREE to:**    ➤ District Children 17 yrs. and under and their families  
                   ➤ TESD Employees and their families  
                   ➤ City of Tolleson Employees and their families

➔➔➔➔➔ **(Return completed Entry Forms to the Tolleson Elementary School District Office)** ➔➔➔➔➔

*NON-TOLLESON RESIDENTS WILL BE CHARGED \$20 before 3/30/18 and \$30 after 3/30/18.*

**NO LATE ENTRANTS WILL BE ACCEPTED AFTER 7:15 A.M. ON RACE DAY.**  
 Make checks payable to "Tolleson Elementary School District" and remit to:  
 9261 W. Van Buren Street, Tolleson, AZ 85353

**Questions??? Contact TESD at (623) 533-3900**

In submitting this entry, I intend to be legally bound for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages I have or may have against the organizers of this event, its principals, its employees, its volunteers, all sponsors and their representatives for any and all claims and damages, demands actions whatsoever in any manner, as a result of my or my child's participation in The Tolleson Wellness 5K, including travel to and from the event. I hereby consent to medical treatment in the event of injury, accident and/or illness during the event. I hereby grant full permission to any and all of the foregoing to use my name and likeness in any broadcast, telecast, video or print media reporting or advertising of the event without compensation. If you are under 18, a parent or legal guardian must sign this form.

Explicacion in Espanol: En la presentación de esta entrada, tengo la intención de quedar vinculado legalmente por mí, mis herederos, ejecutores y administradores, yo renuncio, libero de la gestión para siempre todos los derechos y las reclamaciones por daños y perjuicios que tengan o puedan tener contra los organizadores de este evento, sus directivos, sus empleados, voluntarios, todos los patrocinadores, sus representantes de cualquier y todo reclamo y daños y perjuicios, demandas de acciones de ningún tipo en ninguna manera, como resultado de mi hijo o mi propia participación en el "Tolleson Wellness 5K", incluidos los viajes desde y hacia el evento. Doy mi consentimiento para tratamiento médico en el caso de una lesión, accidente y / o enfermedad durante el evento. Concedo el permiso completo a todas y cada una de las consideraciones anteriores para usar mi nombre e imagen en cualquier emisión, transmisión, video o medios de comunicación impresos de información o la publicidad del evento sin compensación. Si eres menor de 18 años, un padre o tutor legal debe firmar este formulario.

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE (Guardian to sign if under 18) \_\_\_\_\_