

IT'S TIME FOR THE KID'S CUP CHALLENGE!

New Providence is competing to become the *Midlands Fittest School* and win a \$250 award for the PE department! Students run and log at least 12.1 miles before the Governor's Cup Road Race on November 3rd. On November 3rd, kids run the final mile of their half marathon in downtown Columbia as part of the Governor's Cup Kid's Cup 1 Mile Fun Run and receive a half marathon medal. All participants will receive a Governor's Cup t-shirt. Make sure to register through New Providence **NOT** online so you're part of the New Providence Team!

Registration fee: \$10 (make checks payable to New Providence)

Deadline to register: Friday, October 12rd, Please return to Mr. Blashka

Name: _____ Teacher: _____ Grade: _____

Parent's Name: _____

Email: _____ T-shirt Size: (circle one) YS YM YL YXL

PARTICIPANT/PARENT WAIVER:

Governor's Cup Kids Run

I, the undersigned, am the parent or legal guardian of the minor whose name appears below.

I know that running is a potentially hazardous activity. I know that the minor should not run unless medically able and properly trained. I agree to abide by any decision of the program director relative to the minor's ability to safely complete the risks associated with running in this program 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 or track, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, on my behalf and the minor's behalf, waive and release the Carolina Marathon Association, its officers, directors, agents, employees, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of the minor's participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the program director to consent to and authorize any medical care or treatment for the minor that may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during or after the event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this for any legitimate purpose. I understand that personal music players are not allowed for use in this program, and I will ensure the minor abides by this guideline.

Minors Name: _____

Date: _____

Parent's or Guardian's Name: _____ **Date:** _____

Parent's or Guardian's

Signature: _____

Kid's Cup Challenge Running Log

Name: _____

School: _____

Initials

Date	Distance	Comments	
			Total Mileage

