

DYSchoolsAreGreat.com Presents Our First Annual
DY Faces of Our Future

Kid Road Race And Silent Auction: A Fundraiser for DY Schools

1/4 Mile Road Race

Sunday May 16th 2010

At the Skipper Restaurant, South Shore Drive, S. Yarmouth

Who: **Grades K-8** (LCM, SAE, EHB, MES)

Registration: 9:30 am at The Skipper Restaurant

Race Start: 10:15 am

Reg Fee: \$8

Benefits: All proceeds will go to benefit your child's DY school.

Each child will receive a gift to commemorate their participation.

Lunch for runners will be provided by The Skipper Restaurant

Please make checks Payable to: "Faces of Our Future"

P.O. Box 1151, South Yarmouth, MA 02664

Please register ahead to save time on race day.

High School Students can register for 5k with the YPD for \$10.00

Proudly in conjunction with our Yarmouth Police

YPD Blue 5k Run & Walk Road Race (11am start)

<http://www.ypdblue5k.com/>

Name _____

Address _____ City _____ State _____ Zip _____

School _____ Grade _____ Age _____ M/F _____

Parent phone _____ Email: _____

PLEASE READ WAIVER BEFORE SIGNING:

In consideration of acceptance of my entry the undersigned hereby, for myself, my heirs, successors, assigns, executors, and administrators hereby waive and release all claims for damages for injuries or any other loss which may arise or result from my participation in the Faces of Our Future Kid Race (the "Event") against the following entities and parties: The Town of Yarmouth, the Yarmouth Police Relief Association, Inc, Event sponsors, Event charitable beneficiaries, Event volunteers, including with respect to each of the foregoing their representatives, successors, agents, employees, servants, directors, and officers (collectively the "Released Parties") including such injuries caused by the negligence, gross negligence, or other fault of the Released Parties or any one of them. I understand that participation in road races events is an inherently dangerous activity with a risk of serious injury or death. I represent that I am physically fit and sufficiently trained to safely participate in and complete this Event as a foot race entrant, and that a licensed physician has verified my fitness for this Event. I hereby authorize the Released Parties to use my likeness in photographs, motion pictures, video or digital recordings, or any other form of video or audio recording for the purpose of reporting or promoting this or similar events.

X _____ Date _____

Signature of participant or parent/guardian if under 18 years