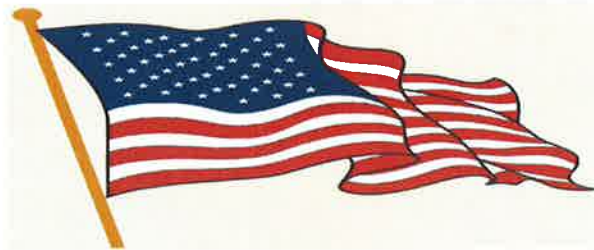


COME RUN OR WALK THE  
**PATRIOTIC PATH**



The Class of 2018 presents a

**5k & 1 MILE KIDS FUN RUN**

9:00 am & 9:30 am

Registration begins at 8:00 am

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Tuesday, July 4<sup>th</sup>, 2017

@ Schroon Lake Central School

Registration Forms available at [www.schroonschool.org](http://www.schroonschool.org)

**PRICING:**

**5K: \$20.00** (T-shirt included in registration if received by June 19th)

We will still accept registration but shirts might not be available

**Kids Fun Run: \$10.00** (Glow necklace included)

**Patriotic Path Registration Form  
July 4, 2017**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

**5k- Pricing \$20.00 (includes T shirt)**

**T shirt size**

**Small** \_\_\_\_\_

**Medium** \_\_\_\_\_

**Large** \_\_\_\_\_

**X Large** \_\_\_\_\_

**2XL-** \_\_\_\_\_ **(add \$2.00)**

**1 Mile Kids Fun Run-12 and under \$10.00**

Name \_\_\_\_\_

Parent name \_\_\_\_\_ Phone \_\_\_\_\_

**5k begins at 9:00 AM**

**1 Mile Fun run begins at 9:30**

**Registration and packet pick up begins at 8:00 AM in the gym foyer**

**Registration may be mailed to:**

**Schroon Lake Central School**

**P O Box 338**

**Schroon Lake, NY 12870**

**Attn: Anita Masiello amasiello@slwildcats.org**

# Schroon Lake Central School District

1125 U.S. Rt. 9 PO Box 338 Schroon Lake, N.Y. 12870

Phone (518) 532-7164 Fax (518) 532-0284

## Board of Education

Robert Claus, President  
Tina Armstrong, Vice President  
Kevin Kelly Sr., BOE Member  
Eric Welch, BOE Member  
Susan Repko, BOE Member



## District Officials

Stephen Gratto, Superintendent  
David Williams, Pupil Personnel Director  
Derrick Denteh, Guidance Counselor  
Lisa DeZalia, District Clerk  
Danielle Y. Fosella, District Treasurer

## FACILITIES USE WAIVER

In consideration of my voluntary use of the Schroon Lake Central School District Facilities, I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of the performance or failure of performance of the Schroon Lake Central School District (the "District"), or the District's representative officers, agents, employees, representatives, students, successors and/or assigns, for any and all damages which may be sustained and suffered by me in connection or association with and/or arising out of my voluntary use of the facility, including any and all damages which may be suffered by me on and/or off District property.

I hereby acknowledge that I am not an employee of the District, and therefore, I am not eligible to make any claim against the District's workers compensation insurance or any other insurance policy, privilege or benefit otherwise available to District employees.

I hereby certify that, to the best of my knowledge and belief, I am in good physical condition and, to my knowledge, do not have any disease or injury that would impair or be exacerbated by my use of the facility. I also certify that I am at least 18 (eighteen) years of age.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number