



**5k RUN/WALK and Community Health Fair**  
**Riverside Middle School**  
**SATURDAY, April 30, 2016**

**iMove for UPSTATE BACKPACK BLESSINGS**

**Please join us to support your local school and community!**

**Start Location:**

Riverside Middle School Football Field  
(Race course is RMS cross-country course  
on moderate terrain.)

Free Parking available for all participants.

No pets, bikes, or scooters please.

**Schedule: (Rain or Shine)**

8-8:30 am – Check-in /Registration

8:30 am – Pre-race Warm-up & Race questions  
by RHS XC Team 4A State Champions

9:00 am – **Walk/Run Begins**

**OFFICIAL ENTRY FORM**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Team Name \_\_\_\_\_  
(Circle Team Type)  
M \_\_\_ F \_\_\_ Phone Number \_\_\_\_\_ Elementary Team Middle School Team High School Team  
Email: \_\_\_\_\_ Family Team Community Team  
Age as of May 1, 2016: \_\_\_\_\_ Are you an RMS Student? No \_\_\_ Yes \_\_\_ (Homeroom Teacher) \_\_\_\_\_

**Please check what applies:**

\_\_\_\_\_ \$15 Registration (\$12 for each team member)  
\_\_\_\_\_ \$10 Age 10 and under or Senior

\_\_\_\_\_ I am an RMS Staff Member  
\_\_\_\_\_ I am a member of the RMS Running Club  
\_\_\_\_\_ I Registered Online

**FREE T-SHIRT IF REGISTERED BY APRIL 15<sup>th</sup>** (circle one: Adult sizes: **S M L XL**; Youth Sizes: **S M L**)

**WAIVER OF LIABILITY: I KNOW THAT:**

iMove is potentially a hazardous and/or dangerous activity. By signing the entry form and participating in the iMove fun run/walk 5K event on April 30, 2016, I consent to and agree to abide by the rules of this event and hereby certify that I am fully and physically fit and adequately trained to participate in the event. I understand that participating in the event may involve risk of serious injury or even death from various causes including but not limited to falls, overexertion, dehydration, contact with other participants, spectators, road users, motorists, effect of weather and conditions of the road and other unforeseen causes. I voluntarily assume all the risks associated with my participation in the event and risks associated with it. I, in consideration of and as a condition of acceptance of this entry, for myself, my executors, administrators, heirs and next of kin hereby waive, release and forever discharge the event organizers, sponsors, promoters, agents, Riverside Middle School and Greenville County School District and their employees, volunteers and agents from any and all claims, actions, rights of action and causes for damages and/or other relief for injuries or harm which may befall me from participation in the event and which I may accrue against them howsoever cause.

**I HAVE READ THIS RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND CONSENT FORM. FULLY UNDERSTANDING ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING THIS FORM, AND I HEREBY DO SO FREELY, KNOWINGLY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Participant's Signature: \_\_\_\_\_ Parent's Signature for Participants Under 18: \_\_\_\_\_

**Additional Registration Forms, Online Registration, and event details available at [www.rmsptsa.com](http://www.rmsptsa.com)**  
**Please return registration form with payment to 615 Hammett Bridge Rd, Greer, SC 29650. (checks payable to RMS PTSA)**



**Pelham  
Medical Center**

A Division of Spartanburg Regional Healthcare System