

# **2021 Whitnall Youth Race (Cross Country Race)**

**Who:** Hales Corners resident -- currently in K through 8th grade OR attends a school in Hales Corners (K-8th)

**What:** The course will be 1.0 miles on the grass fields and trails surrounding the school.

**Where:** Whitnall Middle School

**When:** Wednesday, September 22 (5:15 Girls Race and 5:40 Boys Race)

**How:** Fill out the form online by September 20:

[https://docs.google.com/forms/d/e/1FAIpQLSeuwKC6pTFTRoK64U\\_3N5zII50aa1kb4HhGz5SFbwNZ3rTHeQ/viewform?usp=sf\\_link](https://docs.google.com/forms/d/e/1FAIpQLSeuwKC6pTFTRoK64U_3N5zII50aa1kb4HhGz5SFbwNZ3rTHeQ/viewform?usp=sf_link)

(forms on the day of the race accepted, but the slip has to filled out & signed by a parent )

**Questions:** Coach Victor Vilar (vilarfam@gmail.com)

**Awards:** Medals to the top 3 finishers in each grade category.

*\*This is a free event! Any donations you want to make towards the Whitnall cross country programs are appreciated. This will allow us to continue putting together community events such as this one!*

*(fill out form below for race day registration only)*

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**Gender** (circle one) Male or Female **Grade (21-22)** \_\_\_\_\_ **School** \_\_\_\_\_

**Name** \_\_\_\_\_ *(print first and last)*

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ *(for results and future races)*

I agree to release the Whitnall School District, its representatives, and its agents from all liability for any claims of negligence resulting from my participation in the Whitnall Youth Cross Country Run, held at Whitnall Middle School grounds. I understand and assume all risks and dangers associated with and involved in the physical activities of running, including, but not limited to illness, injury or death resulting from strenuous physical exertion, injuries from falls, and the risks associated with running on trails that have uneven surfaces and other dangers not present on a track. I recognize and understand that this release does not waive liability for intentional or reckless acts, as such claims cannot be waived. I also recognize and understand that this event would not be offered to me at no cost if this release of liability were not stated as broadly as it is stated. Because I do not wish to pay to participate in this event, I waive the right to bargain over the terms of this waiver of liability. I hereby attest and verify that my child is physically fit and have sufficiently trained for the completion of this event.

**Parent/ Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(2021 YOUTH RACE)*