



SPRING
2018

FRIDAY, MARCH 23
3:45 - 4:45 P.M.
FBMS CAMPUS

COLORRUN@FBMSPTO.ORG

STUDENTS / TEACHERS \$5

PARENTS & COMMUNITY MEMBERS \$10

REGISTER AT FBMSPTO.ORG

REGISTRANTS RECEIVE AN EVENT T-SHIRT THAT WILL BE POWDERED WITH COLORS TOSSED BY THE COLOR CREW DURING THE RUN

DEADLINE TO ENTER IS FRIDAY, MARCH 9

REGISTER ONLINE AT FBMSPTO.ORG OR RETURN ENTRY FORM & PAYMENT TO FBMS MAIN OFFICE
CHECKS PAYABLE TO "FBMS PTO" FORMS & CHECKS CAN ALSO BE TURNED IN AT LUNCH ON WEDNESDAYS AT THE FRANK BLACK MARKET

RUNNER'S FIRST NAME: _____ RUNNER'S LAST NAME: _____

PARENT/GUARDIAN'S NAME (IF RUNNER IS A STUDENT): _____

ADULT PHONE NUMBER: _____ ADULT EMAIL ADDRESS: _____

HOMEROOM TEACHER (IF FBMS STUDENT) _____

2ND EMERGENCY CONTACT NAME: _____ RELATIONSHIP: _____

2ND EMERGENCY CONTACT PHONE NUMBER: _____

T-SHIRT SIZE (**CIRCLE ONE**): ADULT EXTRA SMALL ADULT SMALL ADULT MEDIUM

NOTE: ALL T-SHIRTS ARE ADULT SIZES ADULT LARGE ADULT XL ADULT 2X ADULT 3X

PAYMENT FOR: STUDENT/TEACHER ENTRY -- \$5 PARENT/COMMUNITY MEMBER ENTRY -- \$10

ALSO, I AM MAKING A CONTRIBUTION OF \$ _____ IN SUPPORT OF THE FBMS PTO

PERMISSION SLIP AND WAIVER OF LIABILITY

I AM GIVING PERMISSION FOR THE ABOVE-LISTED TO PARTICIPATE IN THE FBMS PTO COLOR RUN. I UNDERSTAND THAT THERE IS A RISK OF INJURY WITH THIS EVENT OR ANY SIMILAR ACTIVITY. IN CONSIDERATION OF THE RUNNER BEING ALLOWED TO PARTICIPATE, I AM VOLUNTARILY EXECUTING THIS FULL RELEASE OF LIABILITY AND PERMISSION SLIP. I UNDERSTAND AND AGREE THAT EMPLOYEES/AGENTS OF HISD, THE FBMS PTO AND THE VOLUNTEERS ASSOCIATED WITH THE EVENT ASSUME NO RESPONSIBILITY OR LIABILITY FOR ANY ACCIDENT OR INJURY AS A RESULT OF ANY ASPECT OF THIS EVENT. I FURTHER UNDERSTAND THAT PHOTOS WILL BE TAKEN AT THE EVENT AND MAY BE USED ON PROMOTIONAL WEBSITES AND MATERIALS.

PARENT SIGNATURE X: _____ DATE: ____/____/____

FBMS OFFICE USE ONLY: CASH CHECK RECEIVED BY: _____ DATE: ____/____/____