

BHS Student Council's
SECOND ANNUAL
CHRISTMAS FOR THE CHILDREN

5K Run/Walk- 2 Mile Walk - Kids 1K
George Luna Stadium 100 Badger Lane; Bishop, TX 78343
December 14th, 2024 @ 9 AM

Happy Holidays! Come join us for our Second Annual Bishop High School Student Council's **Christmas for the Children 5K; Saturday December 14th, 2024** at **George Luna Stadium in Bishop, Tx**. Proceeds will help raise money for the Bishop High School Student Council program, as well as toys donated going to local Toys-For-Tots programs.

It will be marked out (with cones, flags and signs), have water stations, volunteers and maps the day of the race. Awards for the 5K will be three deep in age/gender group categories. Additionally, there will be a 2 Mile Walk and a Kids 1K Race. Racing Fees are as follows and are eligible to be lowered with a single unopened toy donation.

First 30 registrations for the 5K/2 Mile Walk are guaranteed a shirt.

\$25 Entry Fee

\$15 Entry Fee (W/ One Toy)

Kids 1K-Enter with the donation of Toy

Again, toys must be unopened to be accepted as they will be donated to Toys For Tots

- ❖ **Most Christmas Spirit Awards** will be given to the **Top Three** participants showing the most decorated, festive and Christmas themed outfits!
- ❖ **Top 3 in the Kids 1K (9 and Under are eligible to race)** will receive Christmas goodies
- ❖ **2 Mile Walk Awards** to Top 3 Overall Winners
- ❖ **5K Run/Walk Awards** to Overall (Male and Female) Winners, and **Top 3 in each age group (Male and Female)** of the following categories:

| | | | | | | |
|-----|-------|-------|-------|-------|-------|-------|
| 1-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-39 | 40-49 |
| | 50-59 | 60-69 | 70-99 | | | |

For questions, contact Race Director/Student Council Sponsor: Emanuel Ibañez

via email eibanez@bishopcisd.net or call 361-296-4369

EARLY REGISTRATION AND PACKET PICKUP:

Friday 12/13/2024
4PM-6PM @ George Luna Stadium Concession Stands
100 Badger Lane
Bishop, TX 78343

RACE DAY SCHEDULE:

7:45-8:15 AM - Race Day Registration and Packet Pickup

8:30 AM - Kids 1K Run

9:00 AM - 5K Run/ 2 Mile Walk

Registration:

First Name: _____ Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: (____) _____ Email: _____

Birth Date: _____ / _____ / _____

Gender: Male Female Age on Day of _____

Entry Fee: \$25 \$15 (W/ One Toy)

Race (Circle): 5K 2 Mile Walk Kids 1K (Free Entry)

Preferred Shirt Size: S M L XL XXL (Guaranteed Shirts to the First 30 Entries)

WAIVER/RELEASE:

In consideration of accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the race director, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes. I also understand that this event has a No Refund policy.

Participant Name Print _____

Participant Signature: _____ Date: _____

Parent/Guardian Name Print _____

Parent/Guardian Signature (If Participant is under 18):

_____ Date: _____

