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**SCHOLARSHIP FORMS SPRING 2016**

**PLEASE FILL OUT THE INFORMATION BELOW AND MAIL TO: OGF PO BOX 3455 KDH, NC 27948. WE WILL CONFIRM WE HAVE RECEIVED YOUR APPLICATION VIA YOUR EMAIL.**

* **WHO/WHAT:** OBX GO FAR (GO OUT FOR A RUN) is a local non-profit organization that offers a training program in the fall and spring to elementary and middle school age groups in Dare County to safely train for a 5k or 1mile fun run while learning health concepts, nutrition, and character building.
* **WHEN/WHERE:** The 5k group (Excluding MMS) will start practice the week of April 4, 2016 and have their last practice on May 20, 2016. The Fun Run group will start the week of April 11, 2016 and practice until May 20, 2016. Race Event for the SPRING 2016 Program: Saturday, May 21st, location TBA.
* **TRAINING:** Practice at First Flight Elementary & Manteo Elementary is on Mondays & Wednesdays following school until 3:45 pm. Practice at First Flight Middle School is also on Monday & Wednesdays from 3:30-4:30 p.m. & Manteo Middle School WILL NOT BEGIN THEIR TRAINING UNTIL APRIL 11TH MEETING MONDAY & WEDNESDAY FOLLOWING DISMISSAL (CALENDAR OF TRAINING DAYS & TIMES WILL BE PROVIDED BY MMS HEAD COACH AT 1ST PRACTICE) Practice at Cape Hatteras Elementary, Nags Head Elementary & Kitty Hawk Elementary is on Tuesdays & Thursdays until 3:45 p.m.

SCHOLARSHIP REGISTRATION INFO

PLEASE PRINT NEATLY

Name: 5K or FUN RUN

Gender:  Male  Female SCHOOL:

Birthdate: Email:

Phone: GO FAR Shirt Size (Youth S-L; Adult S-XL) *:*

Address: City:

Parent/Emergency Contact: Phone Numbers: (Home/Cell)

**Participant’s Additional Medical Information:**

**Does the participant have any medical, physical, or any other condition of which we should be aware?**

**Does the participant have any allergies? (Please include allergies to foods such as peanuts)**

**Does the participant need to have a medication with them during the work-outs (for example an asthma inhaler?)**

WAIVER and SIGNATURE

I know that participating in the GO FAR program, GO FAR 5K and Fun Run is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in GO FAR activities including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act in my behalf, waive and release any and all sponsors including but not limited to, Dare County Schools, the GO FAR Inc., OBX GO FAR program, GO FAR coaches, race officials, volunteers, all municipal agencies whose property and/or personnel are used and all other sponsoring or co-sponsoring companies or individuals, their representatives and successors related to the OBX GO FAR from all claims of liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I hereby release, indemnify, and hold harmless GO FAR, its officers and directors, employees, agents, program coordinators, volunteers, promoters, sponsors, any municipalities or other public entities, from and against any and all claims arising from the training program and the subsequent 5K road race. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. **NOTE:** IF PARTICIPANT IS UNDER AGE 18: this is to certify that my son/daughter has my permission to participate in the GO FAR program and OBX GO FAR race, is in good physical condition and that race officials have my permission to authorize emergency treatment if necessary.

**Signature of Parent/Guardian Date**