

3<sup>rd</sup> Annual Moonlight Mile  
Pate Track at The John Cooper School  
May 13, 2015

Name: \_\_\_\_\_

School: \_\_\_\_\_

Mini-Mile (800m) Grades 3-6 \_\_\_\_\_

Jr. Mile (1600m) Grades 4-8 \_\_\_\_\_

Seeded Mile \_\_\_\_\_ Best 1600m Time \_\_\_\_\_

Mini-mile and Jr. Mile will begin at 5:30 these races will be hand timed and awards will be given to each runner. No need to register early for Mini or Jr Mile.

The Seeded races registration will begin at 6:30 and races begin at 7:15. Seeded races will be FAT. All runners will be heated by time. No more than 15 in each heat.

**Please submit seed times by Noon on May 13 so we can properly seed the heats.**

Entry fee is \$5 per runner. Checks made payable to The John Cooper School

Scan and e-mail the registration back to [sholland@johncooper.org](mailto:sholland@johncooper.org) or fax to 832-764-5639.

Or you can bring it to registration. **Please submit seed times by noon on May 13<sup>th</sup>.**

Waiver must be signed to participate in the event.

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WAIVER: I give my consent for my child to participate in the Moonlight Mile. I understand that by participating in this event at JCS that my child will be exposed to the risk of injury.

I understand, acknowledge, and agree that The John Cooper School does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities, I hereby agree to waive, release, indemnify and hold harmless The John Cooper School, its Trustees, Head of School, Administration, Faculty, Employees, Volunteers, together with all persons, including parents of The John Cooper School assisting with any phase of this activity from any and all claims, suits, losses, damages, cause of action, expenses of litigation and/or settlement, or other liability by reason of any accident or injury suffered by my child, which may arise in connection with this activity, whether or not caused by or alleged to be caused by the negligence of The John Cooper School or any Release.

In case of an emergency involving my child and I cannot be reached, I hereby give my consent for medical providers and hospitals to give any reasonable and customary medical attention to my child. In addition, The John Cooper School is authorized by me, in its sole discretion, to take my child via car or ambulance to a hospital. The John Cooper School is not financially responsible for any medical care or transportation provided for or on behalf of my child.

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Student Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Emer. Contact: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

Emer. Phone: \_\_\_\_\_ Parent/Guardian Email: \_\_\_\_\_

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