

**John Lewis Invictus Academy
Community 5K Walk/Run
October 19, 2019 8:00 AM**

Registration Form – Please Print Legibly

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

SHIRT SIZE: __S__M__L__XL__2X__3X__4X

ARE YOU PARENT OF JOHN LEWIS INVICTUS ACADEMY SCHOOL STUDENT?

_____ **YES**

_____ **NO**

IF YES, PLEASE LIST CHILD(REN)'S NAME, AND GRADE.

LIABILITY WAIVER

I understand that I am fully responsible for any and all liabilities caused by or concerning me (and/or my child(ren)) during this event. I further agree that I understand that any sponsor of this event shall not be held liable in any event or under any circumstances.

SIGNATURE: _____
(ADULT SIGNATURE REQUIRED FOR MINORS)

_____ **DATE**

REGISTRATION FEE IS \$35.00 PER PARTICIPANT.

MAKE A CHECK PAYABLE TO: ATLANTA PARTNERS FOR EDUCATION (EIN is 58-1463137).

Checks may be left at John Lewis Invictus Academy.



**ATLANTA
PUBLIC
SCHOOLS**

