



Essity 2019



APPLETON AREA SCHOOL DISTRICT

Fox Valley Tough Kid Challenge

Place: Highlands Elementary School

2037 N. Elinor St.
Appleton, WI. 54914

When: October 5th, 2019

Time: Check in and "day of" registration, (if event is not full), starts at 8:00 am.

Who: Any boy or girl age 6 through 13 years of age.

Cost: \$10.00 per participant. (Parents can go with child for free.) **\$12.00 if registration post marked after September 13th.**

Pre-Registration: On line and mail in registration will be opening May 1st and close October 2nd. (There is an additional fee for on line registration.)

Online Registration: www.toughkidchallenge.com

Day of Information:

- Registration, if event not full, and packet pick up starts 8:00am.
- Waves will be assigned in 15 minute intervals.
- Each wave contains 125 Participants.
- Day of Cost will be \$12 per participant. Event shirt not guaranteed. Parents go with child for free.

Wave Start: A wave start is the start time you sign up for. First wave starts at 9:00am. Each wave start begins every 15 minutes with the last wave start beginning at 1:00 pm. (Arrive 1 hour to 45 minutes before your start time to check in.)

What Child Participants Get...(Parents DO NOT receive a T-Shirt, Slap Bracelet or Finisher's Medal

- An event T-Shirt (Youth Participant only, not adult participants)
- A slap bracelet which lets you on the course.
- A finisher's dog tag that says, "Fox Valley's Tough Kid Challenge Finisher".
- This is a non-competitive event.
- This year we are offering the ability to have a team. Teams can only register at www.toughkidchallenge.com

Race Registration Form
 Make checks payable to: Highlands Elementary
 Mail to: Gary Wondrash, Highlands Elementary
 2037 N. Elinor St.
 Appleton, WI 54914

Name: _____ Address: _____ City: _____
 (First) (Last) State: _____ Zip Code: _____ Phone: _____

E-Mail (Print Clearly: Start times are emailed) : _____

Home School: _____

Age: _____ Date of Birth: ___/___/___ Gender: Male ___ Female ___ T-Shirt Size: Youth S ___ M ___ L ___ Adult S ___ M ___ L ___

Preferred Start Time: Put a "1" in your first choice, a "2" in you second choice and a "3" in your third choice.

9:00am ___; 9:15am ___; 9:30am ___; 9:45am ___; 10:00am ___; 10:15am ___; 10:30am ___; 10:45am ___; 11:00am ___; 11:15am ___;
 11:30am ___ 11:45am ___; 12:00pm ___; 12:15pm ___; 12:30pm ___; 12:45pm ___; 1:00pm ___

The number of participants per start time will be limited. Your start time will be e-mailed to you. E-mail address must be provided.

Refund Policy: Signing the waiver means you agree to the refund policy.

- We follow the standard running industry policy. When you register for our event you are making a **non-refundable** purchasing decision and must agree to this policy. This policy stays in effect whether you or your child is injured, have an unexpected business or family emergency, illness, etc. There are **No exceptions**. Once you register for the event, we pay for race course services and items for you as if you will be attending the event, that are not recoverable.
- We reserve the right to postpone or cancel the event due to events out of our control such as a natural disaster or emergency. No refunds will be issued under these circumstances. We may also alter the distance of the course and number of obstacles at any time if required due to restrictions or impediments.
- You may transfer your entry to another individual. This may be done via a letter with contact information that matches your registration information as well as the name, address and phone number of the individual receiving the transfer. Individual who receives the transfer must bring a letter stating they received the transfer as well as fill out a registration and waiver when they arrive at the event. The individual receiving the transfer must agree to participate during the same starting wave you were to start at. Send transfer requests to wondrashgary@aasd.k12.wi.us.

READ AND SIGN WAIVER ON THE BACK OF THIS FORM

SPONSORS

\$5000 Name Sponsor

Essity Professional Hygiene \$5000

\$3000 Finisher's Village Sponsor

Country Financial

\$2,000 Double Platinum Level Sponsors

Walmart \$2000

WALBEC Group Cone Sponsors \$2500

\$1,000 Platinum Level Sponsors

Green Bay Packers Give Back \$1000

Valley Gasket \$1000

Appleton City Wide Parent Network \$1000

\$500 Gold Level Sponsors

American Family Mutual Insurance Company \$500

Fox Communities Credit Union \$500

Great Lakes Coca-Cola Bottling \$500

The Academy Martial Arts Leadership \$500

Soto's Martial Arts \$500

www.deannasmith.scentsy.us-Deanna Smith \$500

Xtreme Air \$500

\$250 Silver Level Sponsors

ThedaCare \$250

\$100 Bronze Level Sponsors

Product and Materials Sponsors

Ferguson Waterworks

Matthew's Tires

Public Service Announcements

WIXX Radio

Obstacles

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APPLETON AREA SCHOOL DISTRICT PARENTAL/LEGAL GUARDIAN CONSENT, WAIVER AND RELEASE FORM FOR EVENTS.SENT,

I, as parent or guardian of _____,

do hereby grant permission and consent for my child or myself to participate in the following event: Fox Valley's Tough Kid Challenge October

5th, 2019. Participant's Name: _____ Age: _____

PERMISSION AND CONSENT

In granting such permission and consent, I:

1. Acknowledge and assume full responsibility for any and all damage to person or property caused by our child during such activity.
2. Expressly authorize emergency medical or dental treatment deemed necessary by the school district, its agents, and employees during such activity.
3. Expressly agree that in the event that any disciplinary action or the health of my child requires that my child be returned home during such activity that such return shall be accomplished at our expense.

WAIVER AND RELEASE OF LIABILITY

In consideration for the participation of the above-named student in the field trip described, we, the student and parent(s) or guardian(s), each agree to the following:

1. The student's participation in the field trip or event described is entirely voluntary and is not a mandatory part of the school's curriculum;
2. We **RELEASE FROM LIABILITY AND WAIVE OUR RIGHT TO SUE** the Appleton Area School District and its administrators, directors, employees, school board members, teachers, chaperones, supervisors, volunteers and drivers (collectively "AASD"), sponsors, and Network Health **FOR ALL CLAIMS OR DAMAGES**, we separately or collectively may have, **FOR PERSONAL INJURY, BODILY HARM, INJURY TO OR LOSS OF PROPERTY, EMOTIONAL INJURY OR LOSS OF CONSORTIUM**, that may occur at or traveling to or from the event due to the negligence of AASD. We understand that we are not releasing AASD from liability for claims or damages arising from any reckless or intentional act of AASD;
3. We understand that this **WAIVER AND RELEASE** applies to the above-named student, his or her parent(s) or guardian(s), and their agents, representatives, heirs and assigns.
4. I grant to The Fox Valley's Tough Kid Challenge and the Appleton Area School District, its representatives and employees the right to take photographs of me and my property in connection with the above-identified subject. I authorize The Fox Valley's Tough Kid Challenge and the Appleton Area School District, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that The Fox Valley's Tough Kid Challenge and the Appleton Area School District may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

WE ACKNOWLEDGE THAT WE HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND UNDERSTAND ITS IMPACT AND EFFECT.

(Print Name of Parent or Guardian)

(Signature of Parent or Guardian)

____/____/____
(Date)