

Sign + return front + back of form with \$ to  
Sign-up for the color run!

**ISSY COLOR RUN (2.5 Miles) OFF-CAMPUS  
PARENT/GUARDIAN PERMISSION FORM**

**Dear Parent/Guardian:**

Your signature below gives your son/daughter permission to participate in the Issy Color Run on October 14th, 2016. This run will take your student onto the Issaquah Alps hiking trail behind Issaquah High School and along 6th Ave. SE, Bush St., and 2nd Ave. SE.

**In the event of an accident or illness, I understand that every reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed. These activities provide a learning experience for the students and allows them an opportunity to apply their classroom learning.**

**Although I understand that the school district will make every reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity, which may include physical injury or other consequences arising or resulting from the activity.**

**Being full informed as to these risks, I hereby consent to my student participation in field/activity trips mentioned above.**

Student Name \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Phone Number (\_\_\_\_) \_\_\_\_\_  
Home Address \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

The Following regular/emergency medication \_\_\_\_\_ for the above names  
student needs to be taken at \_\_\_\_\_ (Time)

- The school office has it on file  
 I will provide it along with the required Administration of Medication Form.

**Event Day Instructions:**

1. Use your race bib as your pass to get out of your 6<sup>th</sup> Period class
2. Present your race bib at the "Registration" table
3. Line up for the race on the track

