



# ALL-COMET CHALLENGE

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FOOD & MUSIC & FAMILY FUN



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**WHEN:** FRIDAY, APRIL 28    **TIME:** 5-8 P.M.

**WHERE:** SOUTH ASHEBORO MIDDLE SCHOOL TRACK

**ADMISSION:** \$5 PER PERSON, \$25 FOR A FAMILY OF 5 OR MORE

**Asheboro**   
**CITY SCHOOLS**  
*A learning community of excellence!*



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Asheboro City Schools in partnership with Parent Teacher Organizations and Parent Teacher Associations across the district are excited to host the first annual All-Comet Challenge!

This event will feature a walk/run event plus several field events for families to participate! By completing all events at the All-Comet Challenge, your student will be named an All-Comet Challenge Champion!

**The entry fee/waiver form must be completed and returned to your student's school by Friday, March 31.** The entry fee is **\$5 per person** and \$25 for a family of five or more. The fee covers admission and a t-shirt. Food will be for sale at the event. ***We look forward to seeing you on Friday, April 28 at 5 p.m. at South Asheboro Middle School!***

## Registration Form:

Student Name(s) \_\_\_\_\_

Student School(s) \_\_\_\_\_

**Please complete the following for each person attending. Please add an additional \$1 is added for each Adult 2XL and 3XL size t-shirt you are requesting. Pre-registration is recommended. T-shirt sizes are not guaranteed for same-day registration.**

Name: \_\_\_\_\_ Shirt size Youth XS, S, M, L, XL or Adult XS, S, M, L, XL, 2XL, 3XL

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**This event is organized by PTO/PTA members from each school in the Asheboro City Schools district. All proceeds will be evenly divided among participating schools. Please make checks payable to GBT PTO All Comet Challenge.** (This account being used to collected funds for all schools and totals will be divided after the event.)

## Liability, Refund, and Publicity Waiver

**Read and Sign: WAIVER OF REFUND:** I acknowledge that my registration fee and other fees will not be refunded if I change my mind about participating in the event or if the event is canceled due to circumstances beyond the control of the event committee. **WAIVER OF LIABILITY:** I fully appreciate and assume the risk of participating in the event including death or injury due to falls, collisions with other participants or spectators, actions by hostile humans, obstructions, adverse weather, sudden illness, and all other risks. I authorize event officials to provide medical attention for me at my expense should I appear in need. For injuries that I sustain, including death, I give up for myself and others action in my behalf all claims against all sponsors and anyone else connected with the event. **WAIVER OF PUBLICITY:** I agree that photographs and other images of me taken during the race day may be used in any legal manner without payment to me.

Print \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

