

# Norfolk High School Student Council

Presents

## \*Run for Wishes\*

\*benefitting \*

Make-A-Wish®  
NEBRASKA

Norfolk High School Student Council will be hosting a walk/run and carnival to help support the Nebraska State Student Council's state charity of Make A Wish. The Make A Wish Foundation is dedicated to making the wishes of children with significant illnesses come to life. The run will take place in and around SkyView Lake and park, on Saturday, May 12th at 10:00 a.m. Inflatables and carnival games will be available for kids and parents of all ages from 10:00 a.m. to 3:00 p.m. Join in the fun to help us grant lifelong wishes and dreams for youth in our area!

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Runner's registration forms and payment can be turned into the front office at Norfolk High School or mailed to  
Sarah Eymann  
Attn: Run for Wishes  
801 Riverside Boulevard  
Norfolk NE 68701

**Registration is \$25**

**Runners under the age of 18 require parent signature.**

**Deadline for entry is May 4th.**

If you are unable to run, but would like to donate to our efforts, please complete the form and drop off/mail your donation to the above location.

If you have any questions, please contact Sarah Eymann by email:  
**saraheymann@npsne.org.**

**\*Packet pick-up for participants will be May 11th from 5-7 p.m.  
at Norfolk High School\***



## *\*Run for Wishes\**

### *Registration Form*

**Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(please print)

**Phone Number** \_\_\_\_\_ **T-Shirt Size** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**In Case of Emergency, please contact:**

\_\_\_\_\_ | \_\_\_\_\_  
(Name, first and last) (phone number)

#### **Release of Liability:**

I realize that running/walking involves the potential for injury. I acknowledge that even with the best coaching and observance of proper training, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, or even death. The City of Norfolk and Norfolk High School has no insurance and assumes no responsibility. I acknowledge that I have read and understand this warning. I assume full responsibility for my medical expenses and well-being and waive all rights pertaining to the City of Norfolk as well as Norfolk Public Schools and its employees.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (if under 18)

\_\_\_\_\_  
Parent Name (print) \_\_\_\_\_

Phone # \_\_\_\_\_