

It's time for the 2019 Sandpiper Quest!

Monday, May 13th 5:15 - 8:00 PM

Solana Pacific Elementary

Create a team of 4-6 racers to take part in this time-honored Solana Pacific tradition that will test your teamwork, logic, trivia know-how, singing, physical coordination, costume design and most of all, your hubris!

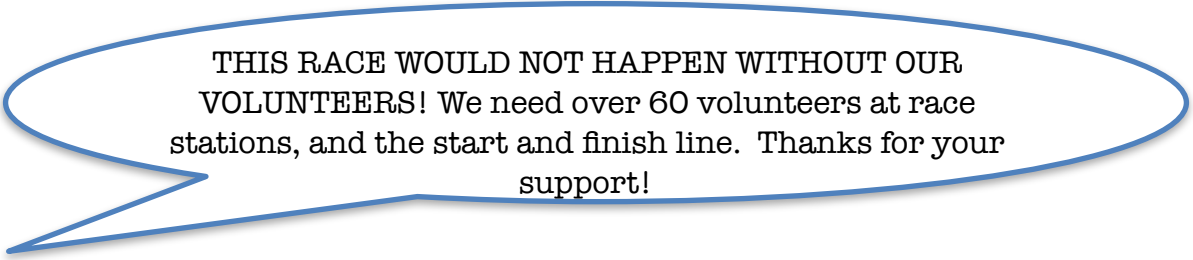
Your team must complete each challenge successfully before advancing to the next challenge. The first team to complete all challenges and cross the finish line TOGETHER at Solana Pacific is the winner. Challenges will be located across Solana Pacific and Del Mar Highlands Shopping Center.

All entries **MUST** be submitted to the Solana Pacific lobby **IN HARD COPY WITH PAYMENT** by Thursday, April 4th. This race fills to capacity each year. Enter your team now!

Do you have ALL of the following identified in your entry?

- Completed entry form with individual racer info & waiver signed (you can turn in one entry form with your **WHOLE** team and payment together or you can submit individual race entries for each racer on your team)
- One adult **VOLUNTEER PER TEAM** must be listed who is **NOT** running the race and will help run a Challenge station (no entry fee needed for volunteers)
- One adult **RACER PER TEAM** listed below (race entry **IS** required)
- Team name (this is how we group your team together)
- Race payment (\$30 check to SBSF or cash) **FOR EACH RACER**

STAY TUNED FOR MORE INFO ON THIS YEAR'S COSTUME CATEGORIES!



THIS RACE WOULD NOT HAPPEN WITHOUT OUR VOLUNTEERS! We need over 60 volunteers at race stations, and the start and finish line. Thanks for your support!

The Fine Print:

1. Payment and waiver for each racer and one volunteer name per team (including contact info) must be received at SP by April 4th in order for your team registration to be complete and eligible to race. A single registration form may be turned in with all team members completed OR individual registration forms may be turned in as long as the TEAM NAME is included. Please return forms, waivers, and payments to the Solana Pacific front office
2. Due date is April 4th (all registration forms, payments, and waivers for the whole team)
3. Race entry is \$30.00 **per individual racer** (includes registration and t-shirt) via check to SBSF or exact cash
4. Teams must have at least 4 and no more than 6 racers INCLUDING one adult and one current Solana Pacific student
5. At least one racer must be an adult (18+ years)
6. At least one racer must be a Solana Pacific student
7. Indicate which division your team is eligible for:
Novice = ALL team members are first-time Questers.
Intermediate = at least ONE racer has completed a Quest before
8. All teams must provide one volunteer (the volunteer must sign the waiver too). Volunteers DO NOT need to pay the race entry fee
9. **All participants** including the volunteer must sign a **waiver** (participants from same family can fill out a single form listing all participants)

Team Name

Team Division (circle one):

Novice Intermediate

Volunteer (At least one adult volunteer required per team for your entry to be complete)

Volunteer first name (required)

Volunteer last name (required)

Volunteer phone (required)

Volunteer e-mail (required)

Team member #1

#1 Team member first name (required)

#1 Team member last name (required)

#1 Team member phone (required)

#1 Team member e-mail (required)

T-Shirt Size

- Adult XL Adult L Adult M Adult S
 Youth L Youth M Youth S

Payment (\$30.00): Check payable to “**SBSF**”, enter check # Cash

Team member #2

#2 Team member first name (required)

#2 Team member last name (required)

#2 Team member phone (required)

#2 Team member e-mail (required)

T-Shirt Size

- Adult XL Adult L Adult M Adult S
 Youth L Youth M Youth S

Payment (\$30.00): Check payable to “**SBSF**”, enter check # Cash

Team member #3

#3 Team member first name (required)

#3 Team member last name (required)

#3 Team member phone (required)

#3 Team member e-mail (required)

T-Shirt Size

- Adult XL Adult L Adult M Adult S
 Youth L Youth M Youth S

Payment (\$30.00): Check payable to “**SBSF**”, enter check # Cash

Team member #4

#4 Team member first name (required)

#4 Team member last name (required)

#4 Team member phone (required)

#4 Team member e-mail (required)

T-Shirt Size

- Adult XL Adult L Adult M Adult S
 Youth L Youth M Youth S

Payment (\$30.00): Check payable to “**SBSF**”, enter check # Cash

Team member #5

#5 Team member first name (required)

#5 Team member last name (required)

#5 Team member phone (required)

#5 Team member e-mail (required)

T-Shirt Size

- Adult XL Adult L Adult M Adult S
 Youth L Youth M Youth S

Payment (\$30.00): Check payable to “**SBSF**”, enter check # Cash

Team member #6

#6 Team member first name (required)

#6 Team member last name (required)

#6 Team member phone (required)

#6 Team member e-mail (required)

T-Shirt Size

- Adult XL Adult L Adult M Adult S
 Youth L Youth M Youth S

Payment (\$30.00): Check payable to “**SBSF**”, enter check # Cash

Questions? Contact Gaylin at aqsolanapacific@gmail.com or 858-232-8968



• 309 N Rios Ave., Solana Beach CA 92075

(858) 794-7180 • www.solanabeachkids.org

PARENT'S APPROVAL, STUDENT, FAMILY, AND PARTICIPANT WAIVER

Name all Family Members: _____

_____ will participate in the Solana Beach Schools Foundation (SBSF)/Solana Pacific PTO Event:

Sandpiper Quest May 13th, 2019

The undersigned parent or guardian assumes all risks in connection with the family's participation in the Sandpiper Quest SBSF sponsored event taking place on Monday, May 13th, 2019.

I, the undersigned participant, intending to be legally bound, do hereby for myself and heirs, executors, administrators and assigns, forever waive release and discharge the Solana Beach Schools Foundation, all its board members and officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent's property or to myself in connection with participation in Amazing Quest, unless caused by the negligence of the SBSF.

I do hereby certify that to the best of my (our) knowledge and belief said parties are in good health and of sound mind. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I attest and verify that I am physically fit and able to participate in this event and acknowledge that I am aware of the inherent risks in participating in any athletic event.

I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician or which could limit participation:

If none please write none.

Parent/Guardian/Participant Signature

Date

Print Name

(____)_____
Telephone