

POW Island Marathon

Southeast Island School District is sponsoring our student runners.

Join a relay team and run the marathon, lunch will be provided at the finish line from 11am - 4pm!

The 26.2 mile out-and-back course starts at Craig High School and heads north along the Klawock Channel, through the village of Klawock, turning left at the Native clan house, and proceeding along Boundary Road, which turns into Big Salt Lake Highway.

Who can Participate?

- Kindergarten through 6th grade students can participate in the 15 person relay teams. We will have two teams of 15 students.
- Middle school and High school students can participate in the 4 or 8 person relay teams. We will build the teams based on student interest.

When is it? Saturday May 28th at 8:00am. Mandatory check in is at 7:00am and the finish line closes at 4:00pm.

Where does the race start? Craig High School

How do I sign up? Please fill out the attached registration form and permission slip and submit to your teacher by **Monday March 14, 2022.**

Parents: SISD will pay the registration fees and provide transportation for your student. More information will be sent to participants after registration.



February 18, 2022
Kayley Moen
Enrichment Activities Coordinator
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Prince of Wales Marathon Youth Person Aid Station Relay
Individual Waiver Form

Name:	Age on Race Day: DOB
Mailing Address:	City: State: Zip:
Phone:	Youth Shirt Sizes, Circle One: S M L XL Adult Shirt Sizes, Circle One: AS AM AL AXL
Emergency Contact Person:	Emergency Contact Phone:
Email:	Gender: _____ M _____ F

Participant Waiver for Race Registration/Participation

I know that running or walking in a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health and trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running or walking in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity and high winds along with extreme rainfall, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates, or roller blades are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf either now or in the future, waive and release the Prince of Wales Island Marathon, the P.O.W. Runner Club, the cities of Klawock and Craig, the Road Runners Club of America, the Alaska State Troopers, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Participant Signature: _____ Date: _____ Grade Level: _____

Parent's/Guardian's Signature: _____ Date: _____

Parental/Medical Permission for Field Trips

Student Name:	Age:	Dates of Travel:
Field Trip Name:		Destination:
Teacher in Charge:	Group Chaperone (if applicable):	
Parent/Guardian:	Telephone/Contact:	

Special Needs		
YES	NO	
		Any condition causing difficulty in walking or mobility?
		Any allergies severe enough to cause reactions, i.e., asthma, cigarette smoke, foods, etc.?
		Any long term treatment by a physician for a physical condition?
		Does the student take medication with any regularity and/or during emergencies?
		Is the student allergic to penicillin or other medication?
Please explain any "yes" answers on the reverse side.		

I hereby give _____ permission to participate in the field trip named above. I understand that if it becomes necessary to send the student home due to misconduct that I will bear the return trip expenses. I understand that my child's mode(s) of transportation will be:

In case of an accident, I hereby give permission for this student to be taken to the nearest health facility for medical treatment.	
Insurance Company Name:	Policy Group #:
ID/Membership #:	ANS/PHS Health Card ID #:

To the best of my knowledge, my child is in good health and has no illness, communicable diseases, or physical disability which will cause interference with participation in the field trip.	
Signature of Parent/Guardian:	Date: