



TAKING STEPS AGAINST HUNGER- SEPTEMBER 24, 2017

2:00 PM Registration

3:00PM Start of Race



St. Matthew's Lutheran Church

REGISTRATION FORM

Use a Separate Form for Each Participant

Including All Minors



LAST NAME: _____ FIRST NAME: _____

EMAIL: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE NUMBER: _____ GENDER: MALE FEMALE AGE: _____

ENTRY TYPE: 4 MILE RUN 4 MILE WALK 6 MILE RUN 6 MILE WALK

SHIRT SIZE: S M L XL XXL XXXL CHILD'S SIZE: S M L

Additional T-Shirts available @ \$7.00 each. Indicate size(s) here: _____

Early Registration - Includes T-Shirt. Be sure to indicate size above.

ADULT: _____ \$25 OR CHILD (7-12yrs.): _____ \$20 6yrs & under: Free TOTAL: _____

NUMBER OF ADDITIONAL T-SHIRTS: _____ X \$7 = _____ = TOTAL: _____

REGISTRATION AFTER 9/17/2017 T-SHIRTS NOT AVAILABLE

ADULT: _____ \$30 OR CHILD (7-12yrs): _____ \$25 6yrs & under: Free TOTAL: _____

GRAND TOTAL: _____

PLEASE MAKE CHECKS PAYABLE TO: **Taking Steps Against Hunger**
SEND TO: St. Matthew's Lutheran Church, 6065 King Rd., Bridgeport, MI 48722

Accident waiver and release of liability - 2017

I assume all risks associated with running/walking or volunteering in the event or events, including but not limited to, falls, contact with other participants, volunteers, race officials, sponsors, walkers, baby strollers, or "baby-joggers", the effects of weather, including high heat and /or humidity and/or extreme cold, snow, sleet, ice, hail, traffic and road conditions, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I hereby take action for myself, my heirs, my executors, next of kin, administrators, or anyone else that might claim on my behalf, waive and release, the following entities or persons: Taking Steps Against Hunger Race, St Matthews Lutheran Church (Bridgeport), Bridgeport Township, Frankenmuth Township, *each, and every* Sponsor or Supporter (includes, persons' or entities' directors, officers, volunteers, representatives, and agents), the event volunteers, event staff, event vendors, and event directors from all claims or liability from death, personal injury, or property damage of any kind or nature arising out of, or in the course of my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen, or unforeseen, known or unknown, and I indemnify and hold harmless the entities or persons mentioned in the paragraph above from any or all liabilities or claims made by any other individual or entities as a result of my actions or inactions during this event.

Parent or Guardian waiver required for Minors (18 and under). The undersigned parent, natural guardian, or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost or damage whatsoever which may be imposed upon such parties because of any defect in or lack of such capacity to act and release said parties on behalf of the minor and the parents, natural guardian, or legal guardian. Minors may participate ONLY with a parent's, natural guardian's, or legal guardian's signature.

_____ I have read the above statement and agree to the Taking Steps Against Hunger Waiver.

PLEASE PRINT LEGIBLY

Last Name _____ First Name _____ Middle Initial _____

Participant Signature _____ Date: _____

Parent or Guardian Signature Required if Participant is a Minor (18 and under)

PRINT NAME SIGNATURE

OFFICE USE ONLY: Waiver Received: _____ Mail _____ Day of Event _____ Other _____