

Family Life 5K Registration Form

October, 15th, 2011

HOW TO REGISTER

- Online www.fln.org/5k
- Mail In

Name _____

Address _____

City _____

State _____ Zip _____

Phone(_____) _____

Email _____

Age on Race Day ____ Male ____ Female ____

Shirt Size (circle one)

S M L XL XXL

Entry Fee:

MUST BE 15 YEARS OR OLDER TO RACE

\$18 until October 5th

\$22 October 6th-Race Day

Make checks payable to: **Family Life**

Mail form and payment to:

Family Life

Attn:5K

PO Box 506

Bath, NY 14810

Entry Fee Includes:

Race T-shirt

1 Free Chicken BBQ Time Report



Resound plays high-energy Christian music that will excite runners, joggers, and walkers as they exercise. Bridging the gap between musical genres, Resound offers a mix of hip-hop, R&B, and rock. Great for adding adrenaline to your workout!

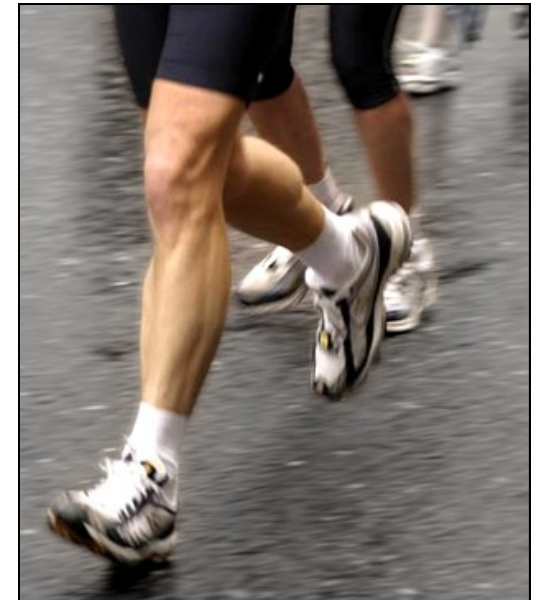
It doesn't matter where you are, because Resound goes wherever you do. Listen on your smart phone, MP3 player, iPod—or any mobile device with Internet access. Search for "TuneIn" on your mobile app store— it's free! You can also find Resound online at fln.org/iradio.

familylife

7634 Campbell Creek Rd
Bath, NY 14810

607-776-4151 800-927-9083
fln.org/5K

Family Life 5K Race



**Saturday
October 15th, 2011**

familylife

About the Race

Race Details

October, 15th, 2011 at the Family Life Center

Registration begins at 9:30 AM

The race begins at 10:30 AM

Runners only: Please no bikes or animals

The Track

Runners will start at Family Life, located on Campbell Creek Road, and staying on that road will travel down until reaching Chamberlain Road at the "Y". Runners will turn around and re-travel the route they came, ending back at Family Life.

Awards

Awards will be given to the top 3 males and females in each of the following age categories:

- 15-25 years old
- 26-45 years old
- 46 years and older

All runners receive a free Family Life 5K t-shirt at registration!

Family Life is a non-profit organization that holds a sharathon to raise support to cover the operating expenses for the following six months. The 5K race is being held in conjunction with Family Life's sharathon. After the race, there will be many activities to enjoy at the Family Life center including:



Each 5K runner receives a voucher for a free BBQ dinner!
BBQ starts at 11:00 AM

Acknowledgment of Risk and Waiver of Liability

(Must be signed by the runner)

____/____/____
Date

Printed Participant's Name

Participant's Signature

Printed Full Mailing Address

(_____) _____

Phone Number

Email Address

In consideration for being accepted by Family Life for participating in the Family Life 5k, I, being 18 years of age or older, do for myself (and if under 18, I, the parent, on behalf of my child, do...), hereby release, forever discharge, and agree to hold harmless Family Life Ministries and its officers, agents, employees, representatives, executors, and the directors thereof, from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the above signed participant, that may occur while said child is participating in the above described activity. Furthermore, (and if under 18, I, the parent, on behalf of my child, do...) hereby assume all risk of personal injury, sickness, death, or damage as a result of participation in recreational and work activities therein and described above. The above signed participant or undersigned parent/guardian further hereby agree to indemnify and hold harmless said ministry, its directors, employees and agents, for any liability sustained by said ministry as the result of the negligent, willful, or intentional acts of said participant. If the participant has not attained that age of 18 years: We (I) are (am) the parents (parent) or legal guardians (guardian) of this participant, and hereby grant our (my) permission for him or her to participate fully in said activity, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any.

**** (only participant need sign above if 18 years of age or older. If under 18, at least one custodial parent must sign below.)**

Parent (s) Printed Name (s): _____

Parent's Signature: _____