



# REGISTRATION FORM

Who are you registering?



Adult, 18+



Minor, Under 18

Name: \_\_\_\_\_

Parent/Gardians Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F

Team/Church: \_\_\_\_\_

Shirt Size (circle): YS YM YL AS AM AL AXL A2X A3X

Which route do you plan on walking:  5K  1-Mile

Visit [cchungerwalk.com](http://cchungerwalk.com) to register online

**THANK YOU FOR WALKING!**

# Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, Ashure Ministry, The Corner Table, Hickory Soup Kitchen and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that participating in this type of event is a potentially hazardous activity. I should not enter and walk unless I am medically able to do so and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in participating in this event. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any walk official relative to my ability to safely complete the event. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographer or electronic recording of this event for legitimate purposes.

We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. We reserve the right to change the details of the event without prior notice.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

Signature\_\_\_\_\_ Date\_\_\_\_\_

(Parent/Guardian signature for minors)