



Emma L. Minnis Jr Academy Bike/Hike
May 17, 2015 9:00AM-1:00PM
9:00AM(Bikers) 9:10AM(Runners) 9:20AM (Walkers)
Registration Form

Shawnee Park 4501 West Broadway Louisville, KY 40211

One registration form is required per participant.
You can also register online @ www.elminnisschool.org

I plan to: Bike Run Walk

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth ___/___/_____ Gender _____

T-Shirts will be provided to all pre-registered bikers/runners/walkers. *Those registering on race day will receive shirts on a first-come first-served basis. Race day only L and XL sizes will be available.* Pre-registered available sizes are:

YOUTH: S M L ADULT: S M L XL XXL XXXL (Circle One)

Adult registration \$25.00

Youth 5-17 \$15.00

0-4 FREE

My Personal Donation to ELMJA \$ _____

Total \$ _____

Payment method

Cash Check Charge

Enclosed is my check for \$_____ payable to Emma L. Minnis Jr Academy

Waiver: I hereby declare, assert and affirm that participation in Emma L. Minnis Jr Academy Bike/Hike is done having voluntarily and knowing assumed ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against all participating agencies involved in the above stated Special Event, specifically Shawnee Park, Chickasaw Park, Emma L. Minnis Jr Academy, Magazine Street SDA Temple, New Life Seventh Day Adventist Church, City of Metro Louisville, South Central Conference, General Conference of Seventh Day Adventist their respective employees, agents, representatives, successors and assigns, for any and all activities connected with the above Special Event. I also understand that I do hereby WAIVE any and all rights or benefits under the State of Kentucky Worker's Compensation laws for any injury incurred as a result of my participation in this event, including disregard of the posted route.

Print Name _____ Date _____

Signature _____ Parent/Legal Guardian must sign if participant is under the age of 18

For questions please **contact us** @ minnisalumni@yahoo.com.

Send your completed form to: Emma L. Minnis Jr Academy, 1939 Magazine Street, Louisville, KY, 40203 or it may be dropped off at the Academy. Or fax to (502) 515-2464 you may also submit your completed form online.
www.elminnisschool.org.

