



“CHARGING 4 THE GOAL”
10K Run and 5K Run/Walk
October 8, 2016
Time/Location: 9:30 AM
at Grant Christian School

REGISTRATION FORM:

Mail - \$20 before September 26th, \$25 after September 27th to:
 Grant Christian School “Charging for the Goal” 10K Run and 5K Run/Walk
 12931 Poplar Avenue
 Grant, MI 49327

Please fill out this form completely and sign the waiver on the bottom of this page.

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Day Phone: _____

Gender: Male or Female (circle one)

Event: 10K Run **OR** 5K Run/Walk (circle one)

Age (Circle one only):

- | | | | |
|----------|--------|-------|-------|
| Under 10 | 11- 14 | 15-18 | 19-24 |
| 25-29 | 30-34 | 35-39 | 40-44 |
| 45-49 | 50-54 | 55-59 | 60-64 |
| 65-69 | 70-74 | | |

T-Shirt Size (Circle one only):

- | | | | | |
|---------|---------|---------|----------|--|
| | Youth M | Youth L | | |
| Adult S | Adult M | Adult L | Adult XL | |

All participants receive a race t-shirt for taking part in the event. The first finisher in each age group wins a “special” custom-made award.

THANK YOU TO OUR SPONSORS



The Educational programs of Grant Christian School serve all people regardless of their race, color, age, sex, religion, disability, or national origin.

I am aware that participating in the Run/Walk can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risk of participating in the above event include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, aggravation of underlying diseases which could result in illness such as a heart attack or stroke, and serious injury or impairment to other aspects of my body, general health and wellbeing. I understand that the dangers and risk of participating in the above event may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy living.

Because of the dangers of participation in the above event, I recognize the importance of following rules and regulations established by the Grant Christian School and agree to obey such instructions. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not be able to participate in the Run/Walk. I recognize and acknowledge that the Grant Christian School does NOT carry special health insurance that would provide such special insurance coverage for me in the event I should sustain an accidental injury while participating in the Run/Walk.

I understand the risks involved in this activity and I am voluntarily participating in the Run/Walk. By my signature below, I hereby recognize and assume all risks associated with playing Run/Walk, waive any claim that I might have arising out of this activity, and agree to release and hold harmless Grant Christian School, its employees, agents, representatives, and volunteers harmless from any and all obligations, liabilities, claims, demands, costs, and expenses, including attorney's fees, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the event of Run/Walk. The terms hereof serve forever as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

The invalidity of any portion of this Agreement shall not affect the remaining portions. In signing this Waiver, I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from this Waiver have been made.

Printed Name _____ Date _____

Signature _____ Date _____

If under 18 years of age, Signature of parent or legal guardian

IT IS STRONGLY RECOMMENDED THAT EACH PARTICIPANT IN THIS PROGRAM PURCHASE INSURANCE WHICH COVERS ACCIDENTS, WHICH MAY OCCUR DURING PARTICIPATION IN ACTIVITIES.