

AMAZINGRACE

Saturday, September 15, 2018 at 9am

1 Mile Kids Run, 5k, 10k

Grace Community Church, Goshen

20076 County Road 36, Goshen, In 46526

Benefitting: SafeHaven Women's Shelter and the Window

Packet Pick-Up/Expo: Friday, September 14th at Grace Community Church from 5-8 pm. We encourage participants to pick up their packets the night before the race if possible. We appreciate your cooperation!

Online registration available at amazingracerun.com

First:		Last:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:					
City, State, Zip:			Email:		
Date of Birth:	Age:	(Check one) <input type="checkbox"/> Kids Fun Run <input type="checkbox"/> 5K <input type="checkbox"/> 10K		Phone:	
Emergency contact (race day) & phone #:					
Shirt Size: Youth: <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG Adult: <input type="checkbox"/> SM <input type="checkbox"/> MED <input type="checkbox"/> LG <input type="checkbox"/> XL <input type="checkbox"/> 2XL Fit: <input type="checkbox"/> male <input type="checkbox"/> female (Kids participating in the 1 m must pay extra for shirts)					

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, 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 running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running 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 typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. 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.

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.

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, videographic or electronic recording of this event for legitimate purposes.

Participate Signature _____

Parent or Guardian Signature (if under 18 years old) _____

Date _____

	Early Bird 1/1/18-5/31/18	Summer 6/1/18-8/31/18	Late 9/1/18-9/14/18
1 Mile Kids Run	\$8	\$9	\$10
5K Run/Walk	\$22	\$25	\$26
10K Run/Walk	\$22	\$25	\$26
		Total	\$ _____ <input type="checkbox"/> Paid