



**REGISTRATION FORM**

**Runner/Walker Check In – 7:00 AM**  
**Run Begins – 8:00 AM**  
**Walk Begins – 8:15 AM**

**Makin' Tracks for Megan**  
**5 K Run/Walk**  
**Saturday, August 7, 2010**  
**Salem United Church of Christ**  
**Westphalia, Indiana**

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Name

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Address City State Zip

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Phone Email Address

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Emergency Contact Name Emergency Phone Relationship

**T-Shirt Size**      **S**      **M**      **L**      **XL**      **XXL**      **(Please Circle One)**

**Registration Fee** **\$20.00**

In addition to my registration fee, I would like to support Makin' Tracks for Megan with an additional contribution of \_\_\_\_\_ (Any additional contribution beyond the registration fee of \$20.00 is a charitable contribution and eligible for tax deduction. Please contact your tax consultant about the deduction. Stages Sunday School Class of Salem United Church of Christ, Westphalia, Indiana did not provide goods or services in return for this gift except as described in this receipt. ) TOTAL ENCLOSED \_\_\_\_\_

**Make Checks Payable to Stages Sunday School Class** and mail to Salem United Church of Christ, P.O. Box 126, Westphalia, Indiana 47596

**WAIVER: Please Read Carefully Before Signing.**

I know that running or walking in at 5K event is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running/walking into traffic. I also assume any and all other risks associated with participating in this event including but not limited to falls, contact with other participants, the effects of weather including high heat and/or humidity, and the conditions of the roads, all such risks being known and appreciated by me. Knowing these facts, I hereby for myself, my heirs, executors, administrators or anyone else who might claim in my behalf, covenant not to sue, and waive, release and discharge the Stages Sunday School Class and Salem United Church of Christ, Westphalia, Indiana, the State of Indiana, Knox County, and race officials and volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation, in this event. This Release and Waiver extends to all claims of every kind whatsoever, foreseen or unforeseen, known or unknown. In the event that I am in need of medical treatment and unable to give consent or direction for medical treatment, I authorize and give consent to the employees or agents of Good Samaritan Hospital, Knox County E.M.S. and such other medical personnel that are on hand to provide me with medical treatment they deem necessary. The undersigned further grant full permission to the Stages Sunday School Class and Salem United Church of Christ, Westphalia, Indiana, all sponsors and/or agents authorized by them, to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose. Applications for minors will be accepted only with parent/guardian signature.

\_\_\_\_\_  
 Signature of Participant Date

\_\_\_\_\_  
 Signature of Parent/Guardian of Participant Under 18 Date

**Please make a copy of this registration form for your records. Mail original with your check.**