# **South Texas Assemblies of God WOMEN**

# **FUN RUN 5K**

# REGISTRATION ANd Waiver of Liability Form

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| |  |  | | --- | --- | | **Today’s Date:** | **Start Date of Event: 2/13/2021** |  Participant’s INFORMATION  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Last name**: |  | **First:** |  | **Middle**: |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Is this your legal name? | If not, what is your legal name? |  | Birth date: | Age: | Sex: | |  |  |  |  |  |  |   Address:  [Address/ P.O Box, City, ST ZIP Code]   |  |  |  | | --- | --- | --- | |  | **Home phone Number/Cell Phone /Other Phone:** | **E-Mail**: | |  |  |  |  |  |  |  | | --- | --- | --- | | **Insurance Name/Number:** |  |  |  Waiver of Liability(This page MUST be signed below, to consent to waiver of liability, before participation in event is allowed) WAIVER: I, the undersigned, agree to indemnify and hold harmless South Texas Assemblies of God Ministries from all cost, expense and liability arising out of **my or my child’s** (minor – 18 years or younger) participation in this event (before, during or after.) I do hereby waive all claims for damage or loss to **me or my child’s** person or property which may be caused by any act, or failure to act, by South Texas Assemblies of God Ministries, its leadership , volunteer staff or employees arising directly or indirectly from me or my child’s loss, damage or other liability from such event.  I give permission to South Texas Assemblies of God Ministries to use any **videos or pictures taken** through its media sources, for publication. IN CASE OF EMERGENCY  |  |  |  |  | | --- | --- | --- | --- | | In case of emergency, please contact : | Relationship to participant: | Home phone no.: | Work phone no.: | | 1.  2.  Name of local friend or relative (not living at same address):  1. |  |  |  |   The above information is true to the best of my knowledge. I understand that I thereby release STXAGM of liability whereas stated in the waiver of liability clause in this document before, during or after the event in which this application pertains to.   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | **Signature:** / **Printed Name:** |  | **Date** |  | |