# **South Texas Assemblies of God WOMEN**

# **FUN RUN 5K**

# REGISTRATION ANd Waiver of Liability Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **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** |  |

 |