

The Fellowship RR – Agape PRC 5k Registration Form



Saturday – April 14, 2012
 Old Settlers Park, Round Rock
 8:00am Start

Name (first) _____ (last) _____

Address _____ Apt# / Suite _____

City _____ State _____ Zip _____

E-mail address _____

Phone (day) _____ M F _____ Birth date _____ Age on Race Day _____
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T-Shirt Size: Adult Small Adult Medium Adult Large Adult XL
 Child Small Child Medium Child Large *Family Pack

Payment: Early Bird Fee – \$20.00 (present - 2/29/12); Regular Fee – \$25.00 (3/1/12 – 3/31/12);
 Race Day Registration – \$30.00;
 ***Family Pack** - \$75.00 Family Pack will require one form per runner. It includes two Adults and two Kid size T-shirts. Extra t-shirts are \$10.00 for each additional family member. **Please submit Family Pack registration via mail or drop off at the Church. Online registration is NOT available for the family pack.**

Credit Card Number _____ Exp Date _____

Credit Card Type _____ Security Code _____

Card Holder Name _____

Billing Address _____

Dollar Amount _____

Signature _____

To register online for single entries only go to: www.thefellowshiprr.org
 Please make checks payable to: **The Fellowship Round Rock**
 Mail payment and registration forms to:
The Fellowship Round Rock
C/O Wanda Williams
3379 Gattis School Road
Round Rock, TX 78664

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ALL PARTICIPANTS IN AGAPE PRC 5K ARE REQUIRED TO, AND HEREBY DO, ASSUME ALL RISK OF PARTICIPATION IN THE EVENT BY SIGNING THIS GENERAL RELEASE AGREEMENT: The undersigned athlete ("Athlete") on behalf of himself/herself and on behalf of Athlete's personal representatives, assigns, heirs, executors, and successors hereby fully and forever release, waives, discharges and covenants not to sue Fellowship of Round Rock/Agape Pregnancy Center or its affiliated corporations and charities, the host city, county and state, any and all municipal agencies whose property and/or personnel are used or in any way assist, all sponsoring or cosponsoring companies or individuals related to the Event, together with their officers, directors, shareholders, successors and assigns (collectively, "Releasees") from all liability to the Athlete and his/her property or resultant death, whether caused by the active or passive negligence of all or any of the Releasees or otherwise, in connection with Athlete's participation in the Event. Athlete represents and warrants that he/she is in good physical condition and is able to safely participate in the Event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Athlete agrees to the use of his/her name and photograph in broadcasts, newspapers, brochures, and other media without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. Athlete acknowledges and agrees that Fellowship of Round Rock/Agape Pregnancy Center in its sole discretion, may delay or cancel Event if it believes that the conditions on the race day are unsafe. In the event the Event is delayed or canceled for any reason, including but not limited to: fire, threatened or actual strike, labor difficulty, work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, acts of God or the elements (including without limitation, rain, hail, hurricane, tornado, earthquake) or any other cause beyond the control of Fellowship of Round Rock/Agape Pregnancy Center there shall be no refund of the entry fee or any other costs of Athlete in connection with the Event. Athlete hereby grants to the medical director of the Event and his/her agents, affiliates, and designees, access to all medical records (and physicians) as needed and authorizes medical treatment as needed. Athlete understands that he/she has the right to refuse medical care and advice of Event medical directors and representatives; if Athlete's medical condition becomes such that Athlete's mental capacity is questioned, the physician has the right to recommend and initiate treatment of Athlete. Athlete agrees and understands that Athlete hereby assumes liability for any and all medical expenses incurred as a result of training for and/or participation in the Event, including but not limited to ambulance transport, hospital stays, physician and pharmaceutical goods and services. Athlete warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing Athlete to participate in the Event.

ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS

Signature of Athlete (Signature of parent is under 18 years old)

Date

IF ATHLETE IS UNDER AGE 18, HIS/HER PARENT MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that his/her son/ daughter/ward has his/her permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing and agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that his/her son/daughter/ward is in good physical condition and is able to safely participate in the Event. Athlete's Parent/Guardian hereby authorizes medical treatment for him/her and grants access to his/her child's medical records as necessary and as stated above.

Emergency Contact (must be filled out)

Name _____

Phone: _____

Relationship to registrant: _____