

AMAZING (G)RACE COMPETITION 2010

TEAM REGISTRATION FORM

Team Name: _____

Participant 1 Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail Address: _____

Date of Birth (participants should be 13 or older): _____

Participant 2 Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail Address: _____

Date of Birth (participants should be 13 or older): _____

Anyone under 18 must participate with a teammate over 21.

- We plan to raise or pay an extra \$100 to get a "free pass" to advance out of one leg of the race of our choice. One per team. (Use attached sponsorship form to designate gifts.)
- We have enclosed our \$50 registration fee (either cash or check made payable to Christ Lutheran Church). All proceeds go to Christ Lutheran Church youth group to fund a service trip to Guatemala.
- We will need childcare for _____ child(ren) during the event. This additional service is free (though donations are much appreciated).

T-Shirt Size (Adult) Participant 1: S M L XL XXL XXXL

T-Shirt Size (Adult) Participant 2: S M L XL XXL XXXL

Emergency Contact Name: _____

Emergency Contact Phone: (_____) _____ - _____ Relation: _____

Any other concerns we should know about (allergies, medications, etc.)? _____

To ensure a quality experience for all, we ask that all participants sign this agreement during registration. By signing, you agree to:

- Respect all competition participants, race officials, event sponsors, volunteers, event facilities/sites, the public and the environment
- Be fair and honest while participating in the race
- Refrain from the use and possession of alcohol, tobacco and other drugs, and weapons during the race

We, _____ and _____, have read and agree to abide by the above terms. We understand that we may be asked to leave the race if officials feel that our participation is inappropriate.

Participant 1 Signature: _____ Date: _____

Participant 2 Signature: _____ Date: _____

Please return this form to:

Christ Lutheran Church on Capitol Hill

105 University Avenue West

St. Paul, MN 55103

(651) 222-3619

clc.amazingrace2010@gmail.com

*As a reminder, the race will take place Saturday, September 11, 2010 from 10 a.m. to 2 p.m.
Registration begins at 9 a.m. in the church parking lot at the address listed above.*

For more information on the event, sponsorship or participation please contact:

The church at the number listed above or Candi Walz at (651) 291-5303.

LIABILITY WAIVER

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: Amazing (G)race Date of Activity or Event: September 11, 2010

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Christ Lutheran Church on Capitol Hill and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the Christ Lutheran Church on Capitol Hill and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the Christ Lutheran Church on Capitol Hill.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Date of Birth

Signature (if under 18 years old,
Parent or guardian must also sign)

Date

LIABILITY WAIVER

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Name of the Activity or Event: Amazing (G)race Date of Activity or Event: September 11, 2010

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: Christ Lutheran Church on Capitol Hill and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the Christ Lutheran Church on Capitol Hill and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the Christ Lutheran Church on Capitol Hill.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns. The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Print Participant's Name

Date of Birth

Signature (if under 18 years old,
Parent or guardian must also sign)

Date

PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name

Date of Birth

Signature of Parent or Guardian

Date