

# CHRISTALIS SUPERHERO 5K RUN/WALK REGISTRATION FORM

Today's date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Gender:  Male  Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

I am running in the:  5K  Virtual Run

Age category (as of 09/29/2019):

15 & under  16-19  20-29  30-39  40-49  50-59  60+

Average Mile Time:  7-8 Min Mile  9-10 Min Mile  11-12 Min Mile  Greater than 12 Min Mile

How did you hear about us?

Social Media (Facebook/Instagram)  Direct Mail  Christalis Website  Online Event Calendar

Poster/Street Banner (if so, which location: \_\_\_\_\_)  Email

Radio  Family/Friend  Other: \_\_\_\_\_

T-Shirt Size:  XS  S  M  L  XL  2XL  3XL

**Release:** I know that running is a potentially hazardous activity. I should not run unless I am medically able and properly trained. I assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, the effects of weather, traffic and road conditions, all such risks being known and accepted by me. Having read this waiver and initialed this entry form, I for myself and anyone entitled to act on my behalf, waive and release Christalis, Washington Adventist University, all promoters, representatives, agents, sponsors, municipalities and participants from claims liabilities of any kind from my participation in this event. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings, videos or anyone recording of this event for legitimate purpose.

I hereby acknowledge that I have read the above information and agree with the terms and conditions set forth.

I understand that there are no refunds for this event

I understand that there is a \$5 transferring fee.

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

**If under the age of 18, please have a parent or guardian sign on your behalf.**

As legal guardian of \_\_\_\_\_, I consent to the above listed terms and conditions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE**

Bib# \_\_\_\_\_

Payment amount: \_\_\_\_\_

Additional notes: \_\_\_\_\_

Payment type:  Cash  Credit  Check

T-shirt pickup:  Now  After run