TRINITY
UNITED METHODIST CHURCH

Race for Salvation 5K Road Race

To benefit the Salvation Army

Saturday, October 15, 2011 @ 4:00 pm

Race at the Cartersville Soccer Complex-152 Milner Road, Cartersville, GA

FREE REFRESHMENTS/AGE GROUP AWARDS/OVERALL AWARDS/DOOR PRIZES

Registration:

- $20 and $15 for track and cross country school athletes
- Register @ trinityumccartersville.org. (see events tab)
- Race day registration available, phantom runners are encouraged.
- Make checks payable to Race for Salvation 5K, P.O. box 1414, Cartersville, GA 30120

Race participants will receive a 100% cotton T-shirt.

Race & Sponsor Info: Patrick Woodall, Race Director-770.298.3176 or pswoodall@comcast.net

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Entry Form-Race for Salvation 5K-Saturday, October 15 @ 4:00 pm

Make checks payable to Race for Salvation 5K, P.O. Box 1414, Cartersville, GA 30120

T-Shirt: ___Youth M ___ Youth L ___Adult S ___Adult M ___Adult L ___Adult XL ___Adult XXL

Enclosed is my registration fee of $_____ Phantom runner ☐Yes ☐No Additional donation $_____

Name_____ Age_____ Gender_____
Address/City/State/Zip_____
E-MAIL_____Phone_____
Sponsor_____Sponsor Contact_____

Waiver: I understand that participating in this event is potentially hazardous and I should not enter or participate unless I am physically able and properly trained. In consideration of the acceptance of my entry, I hereby assume full responsibility for the risk of any injury or accident, recognizing the potential for serious physical trauma, injury or death, and I elect to voluntarily compete in the event knowing and assuming such risks. I, for myself and my heirs and executors, hereby release and forever discharge the Trinity United Methodist Church, The Salvation Army The Cartersville Corps,, all race sponsors, Bartow County, the City of Cartersville, all municipal agencies and other persons or entities associated with the event, and each of their respective employees, agents, volunteers, representatives and affiliates (the Releasees}, from all liabilities , claims, actions or damages that I may have against them arising out of or in any way connected with my participation in the event, including pre and post event activities. I grant permission to each of the foregoing to use my name photographs, video tapes, motion pictures and other media of any kind or any other record of the event for any legitimate purpose, including promotional efforts of any kind, without compensation to me. I acknowledge that the entry fee is non-refundable and non-deferrable. I grant to the Medical Director of the Event, and its agents, affiliates and designees access to all medical records (and physicians) as needed and authorize medical treatment as needed. I acknowledge that the event organizers have the right to alter, change, cancel and /or postpone in their sole discretion. I warrant that the statements made in this release agreement are true and correct and I understand that the Releasees have relied on them in allowing me to participate in the event. **I HAVE READ THE FOREGOING, UNDERSTAND ITS CONTENTS AND INTENTIONALLY AND VOUNTARILY CERTIFY COMPLIANCE BY ACCEPTING AND EXECUTINGTHIS WAIVER.**

IF THE PARTICIPANT IS UNDER THE AGE OF 18: I, as the parent or guardian of the above named minor, give my permission for my child or ward to participate in the event, and further agree individually on behalf of my child or ward , to the terms above set out. I further certify that my child/ward is in good physical condition and is able to safely participate in the event. I hereby authorize medical treatment of him/her and grant access to my child/ward's medical records as necessary.

_____ _____

Participant date Parent/ Guardian (required if participant under 18) date

THE SALVATION ARMY DOING THE MOST GOOD

Chick-fil-A

BIG PEACH RUNNING CO.