[](http://www.google.com/url?sa=i&source=images&cd=&cad=rja&docid=rC_v-jJ46O6YQM&tbnid=iwhbwTEeUFKwhM:&ved=0CAgQjRwwAA&url=http://www.123rf.com/photo_6870720_pink-fiber-optic-effect-background-glowing-focus-effect.html&ei=id4oUsqgF-z84AOl74DwBA&psig=AFQjCNH3ylH_WKFmJCkKdV6owJWyFGxR8w&ust=1378496521424541)

**Running to Restore**

**5K Glow Run**

Saturday, May 10th, 2014

@Trinity Health and Fitness on the Mary Black Campus

(Hugh R Black Pavilion)

**(Please Print All Information Clearly)**

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

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F**

**Age: \_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trinity Member: Y/N**

**Emergency Contact (Name and Phone Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Church Represented (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event (circle one):** **5K Run (8:30pm) Bench Competition (6:30pm)**

**T-Shirt Size (circle one): Adult S M L XL XXL Kid: S M L**

\*\*Shirts will only be guaranteed for those who register by April 30th.thom

**Event Fee:** **$25** for one event**, $40** for two

Kids may join the run for $15 (includes t-shirt)

(100% of all funds will benefit **Restoration Ranch** in the Dominican Republic.)

This fee can be paid via check or cash. Please bring payment to Trinity Health and Fitness along with this form, or mail to address before race day.

**1650 Skylyn Drive Suite 100**

**Spartanburg, SC 29307**

**864-285-0589 Contact Person: Susie**

**Trinity Health and Fitness-Running to Restore 5K/Event Waiver:**

I know that running a road race or participating in other physical event(s) is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with participating in this event(s) including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry to participate in Running To Restore 5K/Event(s) Run/Event(s) (herein after the “Event”) to be held on October 26th, 2013, in Spartanburg, SC,

I, intending to be legally bound, do hereby for myself, my heirs, my executors and administrators agree as follows:

1. I do waive and forever release any and all rights and claims for any damages and liabilities of any kind arising out of my participation in the Event(s) against all persons, entities and agencies involved with promoting and holding the Event(s), including but not limited to Trinity Health and Fitness, all of the additional hosting corporations all sponsors, volunteers and vendors of the event, their agents, successors, representatives and assigns even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

2. I assume the risk of all bodily injuries, including death, resulting there from, and personal injuries to me and damage to and loss of my property, including loss of use thereof and any other indirect or consequential damages, resulting directly or indirectly, wholly or in part, from my participation in the Event(s) and while traveling to and from the Event(s).

3. I hereby agree, for myself and/or for a minor under the age of eighteen for whom I am signing, to indemnify, defend, and hold the entities named above harmless from and against any and all claims, liabilities, losses and damages, costs, expenses (including attorney’s fees) judgments and penalties arising out of any of my, and or said minors, acts or omissions to act:

4. I understand that the Event(s) reserves the right to use any and all participants’ names and/or likeness with regard to promotional and/or advertising materials.

5. I understand that all entry fees are non-refundable.

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent of Participant under the age of 18: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**