

BOO! RUN, RUN 5K and Fun Run October 12, 2019

Joyful Noise Preschool of Zion Lutheran Church 2215 Brandywine Ln, 17404

5K Registration Information:

- \$25 if you register by 9/28/19, plus you are guaranteed a souvenir race t-shirt
- \$30 if you register 9/29/19 - 10/12/19
- Awards for overall male and female runners and age groups:
5-10, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+
- Run as a Team! Team registration is 5 or more runners - \$20/runner.

Chip Timing for 5K Runners

Team registration forms must be bundled together and postmarked 9/28/19.

Kids Fun Run Obstacle Course (ages 3-10) Registration Information:

- \$10 per child.
- All children registered by 9/28/19 are guaranteed a souvenir race t-shirt.

Childcare during race for registered 5k runners:

Childcare registration form on page 2, must accompany 5K registration form.

- Children ages 2 to 10, must be potty-trained
- \$3 per child, if you submit attached child care registration form by 9/28/19
- \$4 per child, if you submit attached child care registration form between 9/29/19 and 10/11/19.
- No day of race registration for childcare

-Childcare must be paid for separately from race registration

RACE DAY REGISTRATION: 7:30

RACE DAY CHECK IN 8:00

Fun Run will start PROMPTLY at 8:00 am with 5K to follow at 9:00 am

~THE START AND FINISH OF THE 5K WILL BE FROM THE DRIVEWAY OF ZION LUTHERAN CHURCH~

FOR MORE INFORMATION CONTACT Elizabeth Speck (JNPFundraising@gmail.com) or visit <https://www.facebook.com/events/1559812954127127/>

Please make all checks payable to Zion Lutheran Church or Register Online (includes small processing fee):

5K Runner

5K Walker

Kids Fun Run

First Name: _____

Last Name: _____

Race Day Age: _____

Male Female

Address: _____

City: _____ State: _____

Zip Code: _____

Phone #: _____ Email: _____

T-Shirt: Youth: XS S M L Adult: S M L XL XXL *please circle*

I am participating: 5K or Fun Run, waiver of responsibility: I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I also know that there may be traffic on the course and assume the risk of running in traffic. I also assume any and all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the effects of weather, and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge Zion's Joyful Noise Preschool, Zion Lutheran Church, all municipalities in which the race is held, the race committee, volunteers, any and all sponsors including their agents, employees, assigns, or anyone acting on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury, or property damage of any kind of nature whatsoever arising out of, or in the course of, my participation in the event(s). This waiver extends to all claims of every kind of nature whatsoever, foreseen or unforeseen, known or unknown. I also hereby give my permission to the media and Joyful Noise Preschool to use my name and/or picture in any newspaper, broadcast, telecast, or any other account of this event, without limitation, and without obligation to anyone to compensate me.

I HAVE READ AND UNDERSTAND THIS WAIVER (if under 18 years old, legal guardian must sign).

Applicant Signature: _____ Signature of Parent/Guardian (if under 18): _____

Office Use Only: Race #: _____ Class: _____

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CHILDCARE REGISTRATION

Children may be checked in to childcare facilities, located in Fellowship Hall of Zion Lutheran Church, between 8:15 and 8:55. No child under the age of two will be admitted. All children must be registered by October 11, 2019. All payments (separate check), payable to Zion Lutheran Church, must be received by October 11, 2019. All children must be picked up by completion of race or an additional \$25.00/ per child charge will be charged. Release of children will take place in the Fellowship Hall and ticket identification must be presented.

Joyful Noise Preschool facilities are well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the childcare and agree(s) to release, indemnify, defend and forever discharge Joyful Noise Preschool, Zion Lutheran Church and all bodies representing the same, from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in childcare during the 5K race on October 12, 2019.

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child hereby consent to the participation by the child in all childcare activities conducted and to the participation of the child in all events related to said activities. Should a medical emergency arise, the undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Joyful Noise Preschool to provide for, approve and authorize any health care at any hospital, emergency room, or doctor's office. The undersigned(s) hereby further authorize(s) emergency transportation by either Joyful Noise Preschool personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the day care staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment. Notwithstanding other provisions in this consent form, Joyful Noise Preschool and agents representing said, shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

Child's Name _____ Date of birth _____

Contact # _____ Email _____

Address _____

Known allergies/medical problems _____

Parent/Guardian signature _____

Parent/Guardian (print name) _____

First name

Last Name

Medical Insurance: Provider _____ Policy # _____

Primary Care Provider _____

CONTACT NUMBER DURING RACE _____

Office use:

Ticket # _____