



ACA FLAPJACK 5K

Registration Form

Saturday - April 13, 2019

Event Fee:

\$25.00 through March 30th (\$30.00 after this date)

\$35.00 for adults (DAY OF THE RACE)

\$15.00 for 12 and under

First Name: _____

Last Name: _____

Email Address: _____

Phone: _____

Date of Birth: _____

Age: _____

Gender: Male Female

Address: _____

Zip Code: _____

Emergency Contact Name: _____

Phone: _____

Please check one:

5K Runner

5K Walker

Please check your correct t-shirt size:

None Wanted

Youth S

Youth M

Youth L

Adult S

Adult M

Adult L

Adult XL

Adult XXL***

Adult XXXL*** (\$2.00 extra charge for these sizes)

WAIVER: In consideration of my entry and being allowed to participate in this event, I hereby for myself, my heirs, executor and assigns, waive and release Aletheia Christian Academy, Aletheia's Board of Directors, and any individuals or organizations who assist or support these events from any liability for illness, injuries, or property damage I may suffer as a result of my preparation for or participation in this event. I intend this waiver to include claims of negligence. I hereby understand and agree to assume all risks associated with my participation in this race. I further agree to indemnify and hold ACA and its Board of Directors harmless for any and all liability for property damage or bodily injury caused as a result of my participation in this race.

I certify that I am physically fit to participate in this race. I give permission for Aletheia Christian Academy to use my name or photograph for publicity, fund-raising, or any other program. I consent to be treated by licensed medical personnel if an emergency occurs, although Aletheia Christian Academy will have no liability for such treatment or for payment of any costs of the same.

I accept the terms of this waiver: _____

Signature Required