



## 2017 REGISTRATION FORM

Last Name _____	<u>Event:</u> ___ 15km	Adult \$60 Youth \$30
First Name _____	___ 10km	Adult \$45 Youth \$20
Address _____	___ 5km	Adult \$40 Youth \$20
City/Town _____ Postal Code _____	___ 1km Family Run/Walk	\$15
Telephone _____ E-mail _____	___ Virtual Run	\$25
Date of Birth(yyyy/mm/dd) _____ Age on Race Day _____ Gender ___ M ___ F		

**\*The virtual run was new in 2015. It is for runners that would like to compete, but are unable to run on race day. We will mail a participation medal to each registrant.**

**\*Registrations before March 31<sup>st</sup> will receive a Where's Franktown t-shirt. Circle a shirt size Ys, Ym, Yl, As, Am, Al, Axl, Axxl**

Please accept my entry for the "Where's Franktown?" 15km, 10km, 5km or 1km family fun run/walk. I acknowledge that I am participating in this event at my own risk and I agree to waive all claims of every nature against the organizers of the race, event sponsors, the Calvary Christian Academy and any and all other participating individuals or agencies in respect to any and all personal loss or bodily injury, including death, resulting from my participation in this event. I acknowledge and understand that participation in this event involves risks to my health and safety, including death, and I willingly accept these risks. I further acknowledge and understand that insurance coverage for this event does not provide me with personal accident insurance benefits and that I am responsible to obtain my own personal accident insurance coverage should I wish to be eligible for accident benefits that are in excess of those currently covered through my provincial/state or private health insurance plan(s). I also acknowledge that I understand the rigours of this competition and I verify here that I know myself to be healthy and fit enough to participate in it. I agree to permit the event organizers to use any photo taken of me during the event for promotional purposes, on its website, in the media or in special promotions. I acknowledge that I have read and agree to the Waiver of Liability above.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
**(Signature of parent if participant is under 18 years of age)**

Method of Payment (please make cheques payable to CCA): CASH \_\_\_\_\_ or CHEQUE \_\_\_\_\_

Credit card payment is possible if registration is done online at [www.runningroom.com](http://www.runningroom.com)

Thank you for running with us and encouraging healthy lifestyle choices in our children. We hope you have a great run in beautiful Franktown!

Sincerely,

The Parents and Staff of Calvary Christian Academy