



2018 “Where’s Franktown” Team Registration Form

Saturday, May 12, 2018

TEAM WAIVER

Please accept our team entry for the “Where’s Franktown?” 15km, 10km, 5km or 1km family fun run/walk. Each team participant acknowledges that they are participating in this event at their own risk and 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.

All team participants must read

Through signing my participation in this event, I acknowledge and understand that 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 rigors 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.

15 Km race		
Individual	Team: 10 or more	Team: 20 or more
Adult \$60	\$55	\$50
Youth \$30	\$25	\$20
10 Km race		
Individual	Team: 10 or more	Team: 20 or more
Adult \$45	\$40	\$35
Youth \$20	\$18	\$16
5 Km race		
Individual	Team: 10 or more	Team: 20 or more
Adult \$40	\$36	\$32
Youth \$20	\$18	\$16

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

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

First Name: _____ Last Name: _____
Birthday (yyyy/mm/dd): _____ Age on day of Race: _____
Event: 5km _____ 10km _____ 15km _____ Email: _____
Signature: _____ Telephone: _____
Signature of parent if under 18
T-Shirt Size: Adult: S ___ M ___ L ___ xL ___ Youth: S ___ M ___ L ___

First Name: _____ Last Name: _____
Birthday (yyyy/mm/dd): _____ Age on day of Race: _____
Event: 5km _____ 10km _____ 15km _____ Email: _____
Signature: _____ Telephone: _____
Signature of parent if under 18
T-Shirt Size: Adult: S ___ M ___ L ___ xL ___ Youth: S ___ M ___ L ___

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