



2020 REGISTRATION FORM

* Youth is considered 18 and under

* *The registration form must be completely filled out.*

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

***Registrations before March 31st will receive a Where's Franktown t-shirt.**

Registrations before March 31, circle a shirt size - Yth S, Yth M, Yth L, Adult S, Adult M, Adult L, Adult xL, Adult xxL

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

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