



## **5K/10K - Walk/Run**

Saturday, September 24, 2022

Thorntown Festival of the Turning Leaves

Location: 300 N. Pearl St. (corner at N. Pearl St. & E. Church St.)

Register: 8:30 am

Walk/Run: 9:00 am

\*Registration \$40. \*Donations accepted.

\*Online registration: <https://runsignup.com/Race/IN/Thorntown/HopeontheTrail>

[www.HopeForHisChildren.org](http://www.HopeForHisChildren.org)

All proceeds benefit orphaned, abandoned & impoverished children.

\*\*\*\*\*

### REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Age: \_\_\_\_\_

Runner: \_\_\_\_\_ Walker: \_\_\_\_\_

WAIVER STATEMENT (must be signed):

I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the race. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing the facts and consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of my negligence or carelessness on the part of persons named in this waiver. I grant permission to all of the organizers/ sponsors of this event to use any photograph, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates or blades, animals are not allowed in the race and I will abide by this guideline.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature (if under 18 years of age):

\_\_\_\_\_