



Summer Slam Registration Form

July 27, 2019

Register for: Volunteer Cruise-In 5K Run (\$25 Fee)
(circle all that apply) First Baptist Church Parking Lot Start: FBC front steps
400 block W. Market St. Finish: 400 block W. Market St.

PERSONAL INFORMATION

First Name, Last Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Age on 7/27/2019: _____

Church Currently Attending: _____

T-SHIRT INFORMATION

Early Bird: registration and payment received by July 1: \$12 each or \$15 for sizes 2XL and up
Registration and/or payment received after July 1: \$15 each or \$20 for sizes 2XL and up

Shirt Size (circle one) Youth: S M L XL

Adult: S M L XL 2XL 3XL 4XL 5XL

VOLUNTEER AREA (circle all that apply)

Hospitality

Merchandise Sales
(must be age 21+)

Inflatable supervision

Security

Set-up Crew
(Friday evening - 4PM &
Saturday - 8AM)

Clean-up Crew
(During & immediately
following event)

Evangelism & Counseling
(Meet at hospitality tent -
4pm)

TRAINING INFORMATION Are you trained in any of the following? (circle all that apply)

HR Ministries Volunteer Training

CPR

First Aid

RN/LPN/MD



MEDIA RELEASE

I authorize HR Ministries and Summer Slam to record and edit my likeness, image, voice, interview, and performance. I agree HR Ministries may use and authorize the use of any part of this documentation for, but not limited to, exhibition, publication, educational, social media, and website purposes. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand this material may be used in diverse settings with an unrestricted geographic area.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against HR Ministries and Summer Slam utilizing this material for the above purposes.

Participant Signature: _____

Date: _____

Parent/Legal Guardian signature: _____

Date: _____

(required if participant is under age 18)

5K RUN ASSUMPTION OF RISK, RELEASE & WAIVER

I am voluntarily participating in _____.

I am aware that participating in the 5K Run has **RISKS OF INJURY**. I understand the dangers and risk of participating in the above activities include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, back, or foot, any other illness or soreness, including death.

I understand it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I acknowledge I am in good physical condition and do not know of any condition or reason I should not be able to participate in physical activity.

I recognize and acknowledge HR MINISTRIES does NOT carry special health insurance that would provide such special insurance coverage for me.

I understand the risks involved in this activity and I am voluntarily participating in physical activity. By my signature below, I hereby recognize and **assume all risks** associated with physical activity, and **waive any claim** that I might have arising out of this activity.

In signing this Waiver, I acknowledge and represent that I have read, understand, and sign it voluntarily as my own free act and deed.

Print Name: _____

Date: _____

Signature: _____

Address: _____

If under 18 years of age, signature of parent or legal guardian required.

IT IS STRONGLY RECOMMENDED EACH PARTICIPANT IN THIS PROGRAM PURCHASE INSURANCE, WHICH COVERS ACCIDENTS, WHICH MAY OCCUR DURING PARTICIPATION IN ACTIVITIES.

Please return completed form and payment to:
(payment only required for 5K registration and t-shirt orders)

HR Ministries
P.O. Box 311
Princeton, KY 42445