

Summer Slam 5K Registration Form

July 23, 2022



PERSONAL INFORMATION

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Age on 7/23/2022: _____

Church Representing: _____

REGISTRATION FEE

There is a \$25 Registration Fee.

The Summer Slam event t-shirt comes with the \$25 registration fee. Please note the size needed below:

Shirt Size (circle one) Adult: S M L XL 2XL 3XL 4XL

5K RUN ASSUMPTION OF RISK, RELEASE & WAIVER

I am voluntarily participating in the HRM Summer Slam 5K Run.

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.

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

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

Participant Name: _____ Date: _____

Parent/Legal Guardian signature: _____
(Required if participant is under age 18)

Summer Slam 5K Registration Form

July 23, 2022



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 Name: _____ Date: _____

Parent/Legal Guardian signature: _____
(Required if participant is under age 18)

Please return completed form and payment to:
*Make checks payable to HR Ministries
with Summer Slam 5K in the memo line*

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