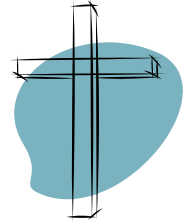




Faith for the Journey 5K Run/Walk



Saturday, November 15, 2014
SC School for the Deaf and Blind School Track
Race Start: 9:00 a.m.
Packet Pick-up/Late Registration: 8-8:45 a.m.

Personal Information: (Please print clearly)

Last Name: _____ First Name: _____

Mailing Address: : _____

City: _____ State: _____ Zip Code: _____

Telephone (Area Code First): _____

E-Mail: _____ Age: _____

Gender M F Adult T-Shirt Size: (circle one) S M L XL XXL

Race Fees:

Early Registration: \$20.00
Late Registration/Race Day (after Nov. 1): \$25.00
Additional Donation: \$ _____
Fees Total: _____

Checks payable to: "River View Baptist Church"
with the memo: "Willie's Medical Fund"
Proceeds go to fund a double lung transplant for Willie Crain.
No refunds.

Completed by Event Coordinator:

Payment Received: YES NO
Payment Type: CASH CHECK # _____
Date Received: _____

Registration and payment should be mailed to: Faith for the Journey, Attn: Heather Carraway, 116 Jameson Drive, Roebuck, SC 29376

NOTE: To guarantee a shirt, have the form and fees turned in by November 1, 2014.

LIABILITY WAIVER MUST BE SIGNED TO PARTICIPATE:

I know that running is a potentially hazardous activity, and I should not enter unless I am medically able and properly trained. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, and the conditions of the course – all such risks being known and appreciated by me. Having read this waiver and knowing the facts, and in consideration of your accepting my entry, I, for myself and anyone else acting on my behalf, waive and release and indemnify the SC School for the Deaf and Blind, River View Baptist Church, Willie Crain, plus all sponsors, their representatives and assignors, from all claims and liabilities of any kind arising out of my participation in this event or any related activities, even though such liability may arise out of negligence or carelessness on the part of any persons named in this waiver. I also agree to allow the use of any photographs taken to be used for promotional purposes.

Signature (Parent/Guardian if participant is under 18)

Date