



ChristianRunners Personal Information form (release)

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone _____

Email Address: _____ Cell Phone _____

Birthdate: Month _____ Day _____ Year _____

Emergency Information

Contact Name: _____ Contact Phone No: _____

Relationship: _____

Doctor: _____ Phone No: _____

Personal Data

List any injuries you have had in the last (5) years? _____

Do you have any other ailments that we should know about? _____

Any special medications you're currently taking? _____

Which of the following best describes you (please check one):

I am a frequent runner, including longer distances of 6 miles or more on regular basis.

I have participated in running events and/or have run (within the last 30 days).

I am a runner, but have not run on a regular basis or within in the last 30 days.

I don't run on a regular basis, but have the desire to get started.

I am primarily a walker.

I understand that participating in ChristianRunner.org events are potentially hazardous, and that I should not participate unless I am medically able and properly trained. In consideration of the acceptance of this signed form, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from events, during the events, or while I am on the premises of the events. I also am aware of and assume all risks associated with participating in these events, including but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the road. I, for myself and my heirs and executors, hereby waive, release and forever discharge the event organizers, sponsors, promoters, ChristianRunners.org and each of their agents, representatives, successors and assigns, and all other persons associated with these events, for my all liabilities, claims, actions, or damages that I may have against them arising out of or in any way connected with my participation in these events. I understand that this waiver includes any claims, whether caused by negligence, the action or inaction of any of the above parties, or otherwise. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of these events.

I have read and understand the above stated and agree to its terms per my signature.

Signature (Parent or Guardian if under 18)

Date