

2019 HUNGER 5K OFFICIAL ENTRY FORM

WWW.HUNGER5K.ORG

Please complete a separate form for each participant.

NAME: _____ PHONE: _____

E-MAIL: _____ GENDER: _____ BIRTHDAY: ____/____/____
(USED TO CALCULATE AGE GROUP)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MEDICAL EMERGENCY CONTACT: _____ PHONE: _____

LONG-SLEEVE T-SHIRT SIZE: ___S___M___L___XL___XXL___XXXL

PRE-REGISTRATION POSTMARKED BY 11/3

___\$25 ADULT ___\$20 STUDENT ___\$19 TEAM MEMBER* ___\$25 SLEEPING IN ___ ACTIVE MILITARY/VETERAN (FREE!)
(GROUP OF 6 OR MORE)

RACE WEEK 11/4-11/8

___\$30 ADULT ___\$25 STUDENT ___\$24 TEAM MEMBER* ___\$25 SLEEPING IN ___ ACTIVE MILITARY/VETERAN (FREE!)
(GROUP OF 6 OR MORE)

*TEAM/ORGANIZATION NAME: _____

*TEAM CAPTAIN: _____

MAKE CHECKS PAYABLE TO:
Matthew 25: Ministries

MAIL CHECKS & FORMS TO:
Matthew 25: Ministries
11060 Kenwood Rd, Cincinnati, OH 45242

MATTHEW 25: MINISTRIES HUNGER 5K WAIVER FORM:

In consideration of the foregoing, I for myself, my executors, administrators and assigns, do hereby release and discharge the City of Blue Ash, USATF, Matthew 25: Ministries, Race Director, Race officials, volunteers and any and all sponsors including their damages, demands, actions and causes of action whatsoever, in any manner, advising or growing out of participation in said race. I certify that I have run/walked this distance or longer and I am in adequate physical condition to complete the event which I have entered. I grant permission to Matthew 25: Ministries to use my image, likeness, and sound of my voice as recorded at this event by still photography, audio or video in publications or other media material used, produced, or contracted by Matthew 25: Ministries including but not limited to brochures, websites, informational materials, social media, PSAs, etc. I understand I will not receive payment or other compensation for the use of my image or recording.

SIGNATURE OF PARTICIPANT

DATE

SIGNATURE OF PARENT/GUARDIAN IF UNDER THE AGE OF 18

DATE