



2021 VIRTUAL HUNGER 5K OFFICIAL ENTRY FORM

Please complete a separate form for each participant

ONLINE REGISTRATION IS AVAILABLE AT HUNGER5K.ORG

NAME*: _____ PHONE*: _____

E-MAIL*: _____ GENDER: _____

ADDRESS*: _____

CITY*: _____ STATE*: _____ ZIP*: _____

SHORT-SLEEVE T-SHIRT SIZE*: ___ S ___ M ___ L ___ XL ___ XXL ___ XXXL

___ \$25 INDIVIDUAL ___ \$19 TEAM MEMBER ___ ACTIVE MILITARY/VETERAN (FREE!)
(GROUP OF 6 OR MORE)

*TEAM/ORGANIZATION NAME: _____

*TEAM CAPTAIN: _____

PROMO CODE: _____ DONATION: _____

EMERGENCY CONTACT INFORMATION

NAME*: _____ PHONE*: _____

*Required information

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:

I know that participating in an event that is organized as a virtual activity where I run or walk on my own, at a date and time of my choosing, in a location and running route of my choosing, which will not have any support or security measures in place by Matthew 25: Ministries or local officials is a potentially hazardous activity. I assume all risks to me associated with participating in this virtual activity, including but not limited to: falls, contact with other pedestrians, the effects of the weather, including high heat and/or humidity, traffic, the conditions of the road or trail, risk of contracting COVID-19, injury, death, and all such risks being known or unknown.

I acknowledge that I am participating in the activity outlined by this virtual event by my own free will and at my own personal risk. I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to follow all laws, rules, restrictions, orders, safety ordinances, and guidance set forth by local, state, and federal governments and health agencies including but not limited to those related to pedestrian safety as well as COVID-19.

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 this virtual event. I grant permission to Matthew 25: Ministries to use my photographs, audio, or video recordings, which I may share online or otherwise as part of the event, 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

ADMIN USE ONLY | PMT FORM _____ AMT _____ CK# _____ REC'D BY _____ REC'D DATE _____ ENT BY _____ ENT DATE _____