



\*NAME: \_\_\_\_\_ \*PHONE: \_\_\_\_\_

\*E-MAIL: \_\_\_\_\_ GENDER: \_\_\_\_\_ \*BIRTHDAY: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(USED TO CALCULATE AGE GROUP)

\*ADDRESS: \_\_\_\_\_

\*CITY: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP: \_\_\_\_\_

\*T-SHIRT SIZE: \_\_\_S\_\_\_ \_\_\_M\_\_\_ \_\_\_L\_\_\_ \_\_\_XL\_\_\_ \_\_\_XXL\_\_\_ \_\_\_XXXL\_\_\_

**PRE-REGISTRATION POSTMARKED BY 10/30**

\_\_\_\$25 INDIVIDUAL\_\_\_ \_\_\_\$19 TEAM MEMBER\*\*\_\_\_ \_\_\_\$25 SLEEPING IN\_\_\_ \_\_\_ACTIVE MILITARY/VETERAN (FREE!)\_\_\_  
(GROUP OF 6 OR MORE)

**RACE WEEK 10/31-11/4**

\_\_\_\$30 INDIVIDUAL\_\_\_ \_\_\_\$24 TEAM MEMBER\*\*\_\_\_ \_\_\_\$25 SLEEPING IN\_\_\_ \_\_\_ACTIVE MILITARY/VETERAN (FREE!)\_\_\_  
(GROUP OF 6 OR MORE)

\*\*TEAM/ORGANIZATION NAME: \_\_\_\_\_

\*\*TEAM CAPTAIN: \_\_\_\_\_ PROMO CODE: \_\_\_\_\_ DONATION: \_\_\_\_\_  
(OPTIONAL)

EMERGENCY CONTACT NAME:\* \_\_\_\_\_ PHONE\*: \_\_\_\_\_

*\*Required information | \*\*Team info; required if registering as part of a team. Please collect each member's entry form and payment, and submit all team paperwork together.*

**MAKE CHECKS PAYABLE TO: Matthew 25: Ministries | MAIL CHECKS & FORMS TO: Matthew 25: Ministries 11060 Kenwood Rd, Blue Ash OH 45242**

**MATTHEW 25: MINISTRIES HUNGER 5K LITE 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.*

*I understand that COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Matthew 25: Ministries has put in place preventative measures to reduce the spread of COVID-19; however, Matthew 25: Ministries cannot guarantee that guests will not become infected with COVID-19. Further, attending the Hunger 5K Lite could increase risk of contracting COVID-19. Guests experiencing any COVID-19 symptoms should not attend the Hunger 5K Lite. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I or my immediate family and dependents, may be exposed to or infected by COVID-19 as a result of my participation at the Hunger 5K Lite and that such exposure or infection may result in personal injury, illness, permanent disability, or death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Hunger 5K Lite may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Matthew 25: Ministries employees, volunteers, partners, sponsors, guests, and their families.*

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN IF UNDER THE AGE OF 18

\_\_\_\_\_  
DATE

<b>ADMIN USE ONLY</b>	PMT FORM _____	AMT _____	CK# _____	REC'D BY _____	REC'D DATE _____	ENT BY _____	ENT DATE _____
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