



Please complete a separate form for each participant

ONLINE REGISTRATION IS AVAILABLE AT HUNGER5K.ORG

*NAME: _____ *PHONE: _____

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

*ADDRESS: _____

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

*EMERGENCY CONTACT NAME: _____ *PHONE: _____

*T-SHIRT SIZE: ___S___M___L___XL___XXL___XXXL

PRE-REGISTRATION POSTMARKED BY 10/29

___\$30 INDIVIDUAL ___\$25 TEAM MEMBER** (GROUP OF 6 OR MORE) ___\$30 VIRTUAL ___ACTIVE MILITARY/VETERAN (FREE!)

RACE WEEK 10/30-11/3

___\$35 INDIVIDUAL ___\$30 TEAM MEMBER** (GROUP OF 6 OR MORE) ___\$30 VIRTUAL ___ACTIVE MILITARY/VETERAN (FREE!)

RACE DAY 11/4

___\$40 INDIVIDUAL ___\$35 TEAM MEMBER** (GROUP OF 6 OR MORE) ___\$30 VIRTUAL ___ACTIVE MILITARY/VETERAN (FREE!)

**TEAM/ORGANIZATION NAME: _____

**TEAM CAPTAIN: _____ PROMO CODE: _____ DONATION: _____ (OPTIONAL)

*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 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

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