



2018 REGISTRATION FORM
 Saturday, September 15, 2018
 Turner Chapel AME – East Parking Lot
 Check-In/On-Site Registration 7:00 am • Start Time 8:30 am



PLEASE NOTE: Before getting started, you can register online at www.turnerchapelame.org.

PARTICIPANTAS INFORMATION:

This form must be completed by Runners, Walkers, Volunteers, Sponsors & Parents of Minor Children (Age 7-17)

NAME _____ Adult Child DOB _____ GENDER Female Male

I plan to: RUN WALK DONATE VOLUNTEER SPONSOR T-SHIRT SIZE Child Small Child Medium Child Large
 Adult Sizes Small Medium Large XL 2XL

One (1) souvenir T-Shirt per paid and present participant

TEAM NAME _____ TEAM CAPTAIN _____

Email _____ Cell Phone # _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

EMREGENCY CONTACT INFORMATION: *This section must be completed by all Runners, Walkers, Volunteers and Parents on behalf of minor children*

Name: _____ Relationship: _____

Home Phone # _____ Cell Phone # _____

Please read and sign the following waiver:

I acknowledge and assume all risks associated with this event including, without limitation, falls, animal/insect bites, food poisoning, effects of weather, including heat and humidity, traffic, road and ground conditions. I have read and fully understand this waiver and in consideration of the acceptance of my entry, for myself and anyone legally acting on my behalf, I waive and release Turner Chapel AME, nor its trustees, officers, directors, employees, agents or representatives, the City of Marietta, volunteers, agents, organizers, successors and assigns, and all sponsors, from any and all claims, liabilities or causes of action, including without limitation, death, bodily injury, property damage, or any other loss, damage or any inconvenience whatsoever arising from my participation in this event. I authorize Turner Chapel AME through its trustees, officers, directors, employees, agents or representatives to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity. Further, I grant full permission to Turner Chapel AME or its designee to use photographs, videos and other types of recordings of me in advertising, trade or any commercial purpose in legitimate accounts and promotions of this event and for the **MISSION POSSIBLE: KENNETH E. MARCUS 5K RUN/WALK** to share my contact information with sponsors. I waive the right to inspect versions of my image used for publication or the written copy used in connection with the images.

Registrant/Parent Signature: _____ Date: _____

PAYMENT INFORMATION: Make checks payable and mail/deliver to: Turner Chapel AME, 492 North Marietta Parkway, Marietta, GA 30060

Registration Fee: \$30 in advance per person, \$25 per person for Team of 8 or more, \$35 per person onsite/event day. Children under 6 FREE

Check Amount \$ _____ Check # _____ Financial Institution _____

Cash Amount \$ _____ Received by: _____ Date _____

*Credit Card payments are accepted online and onsite registration (www.turnerchapelame.org)

Print Online confirmations as proof of payment and for tax purposes. Online registration not available after Wednesday, September 12, 2018

Tear along dotted line and maintain the bottom portion of this form as receipt of payment

RECEIPT OF PAYMENT:

Paid to: Turner Chapel AME, 492 Marietta Parkway, Marietta, GA 30060 Event: MISSION POSSIBLE: Kenneth E. Marcus 5K Run/Walk 2018

Received From: _____ For: Registration Donation Sponsorship

Check Amount \$ _____ Check # _____ Financial Institution _____

Cash Amount \$ _____ Received by: _____ Date _____