



TFCA 2018 GLO RUN 5K

Registration Form

April 20, 2018 Downtown Frankfort

Participant Information: (One person per entry form - Fill out Fully)

First Name: _____ Last Name: _____

Gender: _____ Birthday: _____ Age on Race Day: _____

Address: _____ City: _____

State: _____ Zip/Postal Code: _____ Phone: _____

Email: _____

School: _____

Registration Fees:

- Early Registration: \$ 25.00
(Received prior to April 15, 2018 will be guaranteed a T-Shirt and Glo Swag)
- General Registration: \$ 30.00
(Received After April 15th not guaranteed a T-Shirt)

T-shirt Size:

- Youth XS Youth S Youth M Youth L Youth XL
- Adult S Adult M Adult L Adult XL (+ \$2.00)
- Adult 2X (+ 4.00) Adult 3X (+ 6.00)

Payment: Check Credit Card

(Make checks payable to TFCA. Credit Card payments may be subject to a transaction fee.)

Registration Information:

Registration may be found online at <https://runsignup.com/Race/KY/Frankfort/ShineYourLightGloRun5K> or mail this form to 1349A US HWY 421 South, Frankfort, KY 40601. Attn: Glo Run. Walk-in registration will be accepted at The Frankfort Christian Academy (address above).

1. Race Day Registration will take place at the registration table on the Old Capital lawn.
2. Race bag/Registration Packet will be available for pick up prior to race day at The Frankfort Christian Academy or at the registration table on the Old Capital lawn the day of the race.
3. We recommend arriving downtown for the race at least 45 minutes prior to the start time. (Start time will be at 7:30 PM).
4. Your registration includes: TFCA Glo Run 5K T-shirt, coupons and goodies from participating area vendors, chip timed event, glo "bling", finish line surprises, and a chance to hang out with hundreds of new friends!

The Frankfort Christian Academy, 2018 Glo Run 5K
Waiver and Release Of Claims, Assumption Of Risk and Warning Of Risk

When registering online, my online signature shall substitute for and have the same legal effect as an original form signature. PARTICIPATION WILL BE DENIED, if the signature of an adult Participant or parent and date are not signed at the time and place of the race.

READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS DOCUMENT HAS LEGAL CONSEQUENCES AND WILL AFFECT YOUR LEGAL RIGHTS AND WILL ELIMINATE YOUR ABILITY TO BRING FUTURE LEGAL ACTIONS.

In consideration of being permitted to participate in the 2018 Glo Run 5K, the undersigned ("Participant" or "I"), and I/we, if the Participant is under the age of 18, the parent(s) or legal guardian(s) of the Participant ("Parents"), hereby expressly agree:

1. I understand that participating in the Glo Run 5K is a hazardous activity that involves an extreme test of physical and mental challenges.
2. I am fully aware of the risks and hazards involved in and arising from the Glo Run 5K cannot be eliminated without changing the nature and character of the Glo Run 5K.
3. I assume any and all risks involved in or arising from participation in the Glo Run 5K, including without limitation, the risks of bodily injury, partial or total disability, paralysis, and death resulting from falls, contact with other participants or the negligent or intentional acts of other participants or any defect or condition of the course or any effects regarding the weather, including high heat and/or humidity.
4. Minor injuries (including, but not limited to, sprains, cuts, scrapes and bruises) will occur. Major and catastrophic injuries (including, but not limited to, broken bones, concussions, exposure, heart attacks, spinal injuries, disabilities and even death) can and may occur.
5. I agree not to participate unless I am physically and mentally able. I have no physical or mental condition that should preclude me from participating and I am not participating against medical advice or treatment.
6. I have not consumed alcohol prior to the Glo Run 5K or ingested any medicines or substances that will inhibit my mental or physical ability to safely and effectively participate in the Glo Run 5K.
7. I am not pregnant or suffer from epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid, adrenal or other glandular disorder, recent blood donation or any condition that requires the regular use of drugs.
8. I agree to abide by the decisions of a race officials regarding my ability to safely complete the race.
9. I agree to exhibit appropriate behavior at all times and to obey all civil and criminal laws. I understand that any inappropriate or illegal conduct or any behavior that endangers the safety, or negatively affects, a race, person, facility, or property of any type or kind may lead to my dismissal or removal, without refund.
10. I agree that The Frankfort Christian Academy and the host facility are not responsible for any lost or stolen personal items.
11. I agree that The Frankfort Christian Academy and its affiliates and sponsors shall have the right, and I hereby grant them the permission to use and distribute any photographs, motion pictures, recordings or any other record of the Glo Run 5K for any purpose, including any advertising and marketing purposes. All photographs, motion pictures, recordings or any other record the Glo Run 5K shall belong to and be the sole property of The Frankfort Christian Academy.
12. I understand that all entries are final and that there will be no refunds. I also understand that race officials reserve the right in any event of emergency or local or national disaster to cancel the race and in the event of cancellation or change there is no refund of entry fees.
13. I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me as medical professionals may deem appropriate and agree that Waiver and Release of Claims extends to any such medical care, treatment and transportation. I further acknowledge that I will be responsible for the cost associated with any such medical care, treatment or transportation.
14. I understand that this agreement shall be governed by Kentucky law, without regard to its conflicts of law's provisions. If legal action is brought, the appropriate state or federal trial court in Franklin County, Kentucky has sole and exclusive jurisdiction.
15. I understand that if any portion of this Waiver and Release of Claims is deemed invalid or unenforceable under any statute, regulation, ordinance, executive order or other rule of law, such section or provision shall be deemed reformed or deleted, but only to the extent necessary to comply with any statute, regulation, ordinance, executive order or other rule of law, and all other sections or provisions of this agreement shall remain in full force and effect.

WAIVER, RELEASE AND INDEMNITY

I have read and understand the paragraphs above and understand and agree that there are certain risks of physical injury involved in participating in The Frankfort Christian Academy, 2018 Glo Run 5K and I voluntarily assume all of the risks and injuries or losses that I may sustain, no matter how severe. In consideration of the acceptance of this agreement and permitting Participant to engage in the Glo Run 5K, I EXPRESSLY WAIVE ALL TORT OR OTHER CIVIL LIABILITY against The Frankfort Christian Academy, their parents, subsidiaries, affiliates, licensees and any of their officers, directors, members, managers, shareholders, employees, agents, and representatives and the owners and lessees of premises used to conduct the Glo Run 5K, their officers, officials, instructors, drivers, trainers, agents and/or employees (collectively, the "Released Parties"), and acknowledge that I will not have a claim or cause of action for recovery of damages and may not recover in tort or other civil action against the Released Parties. If any claim is commenced against the Released Parties, I agree to defend and indemnify the Released Parties from any and all claims or causes of action by whomever or wherever made or presented for my personal injuries, property damage, or wrongful death, and to pay the Released Parties' attorneys fees, expenses, and costs incurred in defending such claims. Should the Released Parties or anyone acting on their behalf be required to incur attorney fees and costs to enforce this agreement, Participant agree to indemnify and hold harmless the Released Parties for all such fees and costs. I also agree, on my own behalf and on behalf of my heirs, personal representatives, and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS THE RELEASED PARTIES, from any and all claims, demands or causes of action which are in any way connected with the Glo Run 5K, including, but not limited to, claims arising out of allegedly negligent acts or omissions of the Released Parties, any claims for damages for injury or death sustained by Participant, or any person or property, and for any and all claims of any kind or nature arising out of this agreement or participating in the Glo Run 5K. This release and indemnity extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I SURRENDER VALUABLE RIGHTS, INCLUDING BUT NOT LIMITED TO THE RIGHT TO SUE, FOR MYSELF AND FOR OTHERS ON MY BEHALF, AND I DO SO FREELY.

Participant Signature _____ Age _____ Printed Name _____ Date _____

PARENT OR GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER 18

I am the parent or guardian of the above-referenced Participant. I have read and understand the foregoing paragraphs, including the Waiver, Release and Indemnity. I hereby give approval to this child's participation in the Glo Run 5K. I voluntarily assume the risks incidental to this child's participation and expressly waive all tort or other civil liability against the Released Parties (defined above), and acknowledge that by signing this agreement I may not have a claim or cause of action for recovery of damages and may not recover in tort or other civil action against the Released Parties. If any claim is commenced against the Released Parties, I agree to defend and indemnify the Released Parties from any and all claims or causes of action by whomever or wherever made or presented resulting from Participant's personal injuries, property damage, or wrongful death, and to pay the Released Parties' attorneys fees, expenses, and costs incurred in defending such claims. Should the Released Parties or anyone acting on their behalf be required to incur attorney fees and costs to enforce this agreement, I agree to indemnify and hold harmless the Released Parties for all such fees and costs. By signing this agreement, I am fully aware of the potential dangers of the Glo Run 5K and understand this waiver and release are necessary to allow Participant's participation in the Glo Run 5K I UNDERSTAND THAT BY SIGNING THIS AGREEMENT, I SURRENDER VALUABLE RIGHTS, INCLUDING BUT NOT LIMITED TO THE RIGHT TO SUE, FOR MYSELF AND FOR OTHERS ON PARTICIPANT'S AND OUR BEHALF, AND I DO SO FREELY.

Participant Signature _____ Age _____ Printed Name _____ Date _____
(if Participant is 18 years of age or younger or otherwise considered a minor under applicable law)