

Running on Faith

Running on Faith is a 12 week recreational running club for girls, ages 7-14, who want to glorify God and learn more about His plan for their lives while training for a 5k event. The program will begin on Sunday, March 7th and will conclude with the girls participating in The Race for the Cure 5k at Meredith College in Raleigh on June 12th. The club combines Bible study, individual and group reflection and games, along with training for a 5k road race. The group will meet on Sundays from 1:00-2:30. The registration cost is \$50.00 for girls planning to run the Race for the Cure or \$35 for girls just participating in the running club. This fee covers the cost of a T-shirt, curriculum materials and supplies, weekly healthy snacks, and \$15 race registration (for those planning to participate in the Race for the Cure).

Please complete the following registration and liability release forms and return forms and \$50 or \$35 (cash or check payable to TPC) to Triangle Presbyterian Church, 5001 Tudor Place, Durham, NC 27713:

Registration Form

Spring 2010

Runner's Name: _____ Date of Birth: _____

Parent's Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Girl's e-mail (if applicable) _____ Parent's e-mail: _____

Does your child have any medical conditions of which we need to be made aware (food allergies, allergy to bee stings or other insect bites, asthma, recent injuries)?

Emergency contact information:

Emergency contact #1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Emergency contact #2: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Registration fee included (please check applicable form of payment):

_____ \$50 Check _____ \$35 Check _____ \$50 Cash _____ \$35 Check

TPC Girls' Running CLUB Liability Release Form

Name of participant: _____

AUTHORIZATION AND RELEASE OF LIABILITY

I, the parent or guardian of the above-named child, authorize the participation of my child in the Girls' Running Club athletic program of Triangle Presbyterian Church. I understand that this Program is a nonprofit Christian sports ministry program for youth and that my child's participation is voluntary and not essential to completion of requirements of any program, school, or government agency. I understand that the Program is conducted by the Church and its volunteers and staff, including parents of other participating children

I further understand and agree that my child's participation in athletic and other activities of the Program necessarily involves the risk of injury from various causes, including but not limited to accidents, falls, physical activity, dehydration, illness, weather related injuries, or defects in the running surface. On behalf of my child, me, and my family, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, the Church and all of the Church's directors, officers, elders, trustees, deacons, employees, volunteers, insurers, agents and representatives, and all other persons associated with the Program as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program, and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in Program activities, and excepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above named child, am not present to make medical decisions, I hereby authorize the Church, its staff, and volunteer leaders and parent participants to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams, and surgery, and hospital care and treatment, and to consent to medications for pain and other conditions as prescribed by medical personnel attending my child. I am responsible for payment of any medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any).

My signature below indicates that all information provided in this form is true and accurate, and that I fully agree to all statements made on the form, including but not limited to the Authorization and Release of Liability and Consent to Medical Treatment. (Each responsible parent/guardian should sign.)

Signature: _____

Printed Name: _____

Date: _____

Signature: _____

Printed Name: _____

Date: _____