



**Rain or
shine,
we will run**

2019 REGISTRATION FORM

This registration form and waiver may be copied. Please complete and sign one form for each runner.

Please print legibly.

Runner's Name _____

Phone _____ Email _____

Emergency Contact (required to run)

Name _____

Phone _____

Please check the appropriate race length:

1K Family Fun Run _____

5K _____

Gender:

____ Male ____ Female

Date of Birth: _____

Please check age:

12 and under _____

13 – 19 _____

20 -29 _____

30 – 39 _____

40 – 49 _____

50 – 59 _____

60 and over _____

Early Packet Pick-up Information:

Friday, April 19th 5:30-7:30

Fleet Feet Sports

23501 Cinco Ranch Blvd.

Katy, Texas 77494

Registration Fee:

\$40 _____ Day of Run - Individual 12 and older

\$25 _____ Day of Run – 12 and Under

\$25 _____ Day of Run – Military

\$25 _____ Day of Run – First Responders

_____ Additional donation to The Eagle Initiative \$ _____

Total Fees and Donations \$ _____

Method of Payment:

_____ Cash

_____ Check

Made payable to:

The Eagle Initiative

2225 Porter Road

Katy, Texas 77493

_____ Credit

_____ Visa _____ MasterCard _____ Discover

Card No. _____

Expiration Date _____ CCV Code _____

Name on Card _____

Signature _____

NO REFUNDS WILL BE ISSUED!

Race Day Packet Pick-up Information:

Saturday, April 20th 7:00 am – 7:45 am

Faith West Academy

2225 Porter Road

Katy, Texas 77493

Assumption of Risk Waiver: In consideration of the acceptance of this registration, I, the undersigned, acknowledge that my participation in Resurrection Run is voluntary and assume full and complete responsibility for any injury or accident, which may occur, during my participation in the Resurrection Run. I certify that I am physically fit, and have not been informed otherwise by any physician or other healthcare provider. I HEREBY RELEASE AND HOLD HARMLESS THE SPONSORS, PROMOTERS, EVENT PARTNERS AND ALL OTHER PERSONS AND ENTITIES ASSOCIATED WITH THE EVENT FROM ANY AND ALL CLAIMS, DEMANDS OR CAUSES OF ACTION AS A RESULT OF ANY INJURY OR DAMAGE WHETHER IT IS CAUSED BY MYSELF OR BY THE NEGLIGENCE, IN WHOLE OR IN PART, OF THE SPONSORS, PROMOTERS, EVENT PARTNERS OR ANY OTHER PERSONS OR ENTITIES ASSOCIATED WITH THE EVENT. I consent to emergency medical treatment in the event of injury or illness. I consent to the use of my name and photograph in connection with the Resurrection Run in any form, printed or electronic. This agreement shall not be modified orally, or in writing, by any individual. If entrant is under 18 years of age, parent or guardian must sign entry. Children under 18 must be accompanied by an adult.

Rider Signature (Guardian's Signature if rider is under 18 years)

Date