

Pregnancy Resource Clinic's You Matter 5k Registration Form

Participant Name/Family Name:	Bib #:
Address:	
Phone Number:	Email:

☐	Single Participant	Age: _____	Gender: _____	Event: <i>(please circle)</i>	Walk	Run	Ride
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☐	Family Registration	Number in Family: _____	Name Age Gender Bib# Event (circle) Walk Run Ride Walk Run Ride Walk Run Ride Walk Run Ride Walk Run Ride Walk Run Ride	How did you hear about the event?
			Church/Organization 	

Payment Method:	☐	Fundraised [Turn in fundraising form and any additional funds collected]				
	\$35 registration fee per participant (children 12 and under are free)	☐	Cash	☐	Check # _____	☐
Credit Card Last 4 digits:		Signature: _____				

EVENT WAIVER

I understand that Pregnancy Resource Clinic, Grace Prep High School Good Shepherd Lutheran Church, Ferguson Township, are not responsible for any personal or property damage that occurs during the PRC You Matter 5k walk/run, and 10 mile bike ride. The risk of injury from the activities involved in this event may be significant, including the potential for permanent disability or death. While particular health and safety guidelines and suggestions, equipment, and personal discipline may reduce the risk, the risk of serious injury or illness does still exist.

By signing below, I assume all risks mentioned above and will release and hold harmless Pregnancy Resource Clinic and its board of directors, staff, volunteers, other You Matter 5k walk/run, and 10 mile bike ride participants, event sponsors, Stepping Stones Community Church, Good Shepherd Lutheran Church, and Ferguson Township with respect to any and all injury, illness, disability, death, or damage to property occurring during PRC's You Matter 5k.

I give consent to be treated by emergency medical services at my expense should I be involved in any accident.

I also give consent for the use of any photographs or videos taken of me during the event.

I acknowledge PRC's no pet policy for this event and agree to leave my pets at home.

PARTICIPANT INITIALS: _____

