

Church of St. Helena Autumn Daze 5K
Registration & Liability Waiver Form

Each adult participant must sign this form.

Name: _____ Circle Age Group on Race Day:
Address: _____ 12 & Under 13 – 17 18+
City State Zip _____ Circle Sex: Male Female
E-mail: _____ St. Helena Grad? Year: _____
First Name of Stroller Child(ren): _____

Nature of Activity: 5K Run
Location: Church of St. Helena & surrounding south Minneapolis streets
Date: September 17, 2011
Duration: 1 hour maximum.

RELEASE OF LIABILITY (Adult)

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives to hold harmless and defend the Church of St. Helena and the Archdiocese of St. Paul & Minneapolis, its officers, directors, agents, employees, or representatives associated with the activity listed above from any and all liability claims, loss or damage arising from or in connection with my participation in the above-mentioned activity. I understand that there may be some risk involved in this activity and I understand that I am responsible for my own safety.

Signature

Date

Under 18: Parent / Guardian Consent Form and Liability Waiver:

Participant name: _____ Birth Date: _____ Sex: _____ Age: _____
Parent/Guardian Name: _____ Home Phone: _____

I, _____, grant permission for my child, _____, to participate in the Autumn Daze 5K Run. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Helena Catholic Church. As parent and/or legal guardian, I remain legally responsible for any personal actions take by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church of St. Helena, its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Church of St. Helena, its officers, directors and agents, and the Archdiocese of Saint Paul and Minneapolis or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature: _____ Date: _____