

## 2017 Kingdom Challenge Registration Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female Age on race day: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Event: \_\_\_ 5K \_\_\_ 1/2 marathon \_\_\_ 1/2 marathon relay

### 2<sup>nd</sup> Relay Runner information:

Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

\_\_\_ Male \_\_\_ Female Age on race day: \_\_\_\_\_

I know that running and road racing are potentially hazardous activities. I will not enter and run or walk in the October 28, 2017 Kingdom Challenge Road Races unless I am medically able and properly trained to do so. I agree to abide by any decision of a race official relative to any ability to safely complete the event. I assume all risks associated with participation in this event, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road; and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of you accepting my application, I, for myself, and anyone entitled to act on my behalf, waive and release the Good Shepherd Catholic School, the Town of St. Johnsbury, the Town of Lyndonville, all volunteers, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation.

Applicant Signature: \_\_\_\_\_

2<sup>nd</sup> relay runner Signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

(required for participants under 18)

Fees:	Until 7/31	8/1 – 9/30	10/1 – 10/27	Race Day
Race:				
½ Marathon:	\$45	\$55	\$65	N/A
½ Marathon Relay	\$75	\$90	\$110	N/A
5K-Adult	\$15	\$20	\$25	\$30
5K student* w/shirt	\$10	\$10	\$15	\$20
5K student*, no shirt	\$ 5	\$ 5	\$ 5	\$ 5

\* Student registrations limited to K-12 students

No refunds after August 31, 2017

Shirts guaranteed if registered by 10/1/2017

**Total Fees Submitted: \$** \_\_\_\_\_

Please note: Incomplete or inaccurate registrations may be rejected.

Please submitted the completed registration form and your payment to:

Good Shepherd Catholic School

121 Maple Street

St. Johnsbury, VT 05819