

REGISTRATION FORM

Registration Fee: \$10 Adult, \$6 Child (16 and under)

Run for the Son



Sat. July 10, 2010. 9:30am
www.fairhavens.org

Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Phone: _____ Email: _____
 Age: _____ Gender: _____ Shirt size: _____

RELEASE WAIVER AND INDEMNITY

I hereby state I have conditioned myself to participate in the 2010 Run for the Son. I, for myself, my heirs, executors, administrators, successors, and assigns HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE Fair Glen and Fair Havens Ministries and its staff and board of directors, Race Officials and Volunteers, all sponsoring companies and sponsoring associations, OF AND FROM ALL claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property HOWSOEVER CAUSED, arising or to arise by reason of my participation in the said event, whether as spectator, participant, competitor, or otherwise, whether prior to, during or subsequent to the event, AND NOTWITHSTANDING that same may have been contributed to or occasioned by the negligence of the aforesaid. I FURTHER HEREBY UNDERTAKE TO HOLD AND SAFE HARMLESS AND AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them arising as a result of, or in any way connected with my participation in the said event. BY SUBMITTING MY ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREE TO THE ABOVE WAIVER, RELEASE and INDEMNITY. I WARRANT that I am physically fit to participate in this event.

Please check to agree to this waiver.
 Please do not send me information about Fair Glen/Fair Havens.

DONATIONS

Tax receipts will be issued for donations \$10 or more.

First Name: _____ Last Name: _____ Donated: \$ _____ Address: _____ City: _____ Province: _____ Postal Code _____ Tel # _____ e-mail _____ Please make cheques payable to cheque <input type="checkbox"/> cash <input type="checkbox"/> Please do not send me information about Fair Glen <input type="checkbox"/>
First Name: _____ Last Name: _____ Pledged and Collected: \$ _____ Address: _____ City: _____ Province: _____ Postal Code _____ Tel # _____ e-mail _____ Please make cheques payable to cheque <input type="checkbox"/> cash <input type="checkbox"/> Please do not send me information about Fair Glen <input type="checkbox"/>
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Proceeds go to support the Youth Ministry at Fair Glen Cabin-Aid project (new all season cabins)

PRIZES for most funds raised!

