2018 GOOD SAMARITAN HEALTH RUN / WALK– INFORMATION & REGISTRATION FORM

Photocopy or Download this Form at amsdac.interamerica.org / Email: goodsamaritan5Kja@gmail.com

GOOD SAMARITAN HEALTH RUN / WALK is a 5.0 kilometre (3.1 mile) run/walk event to promote health, wellness, and to raise funds for the Good Samaritan Inn for the homeless at Heroes Circle, Kingston, Jamaica. Organized by the Health Ministries Department of the Andrews Memorial SDA Church, the **7TH annual** event will be on **Sunday, August 26, 2018 @ 6:00am.**

REGISTRATION & RACE INSTRUCTIONS

1. **Register**: Andrews Memorial SDA Church, 29 Hope Road, Kgn 10. Phone: 920-7782 or goodsamaritan5Kja@gmail.com
2. **Entry fee** per person: $**1000** (adults and children over 13yrs); **$500** (under 13yrs); **$900** per adult (groups of 10 or more).
3. **Late Entry fee** per person **$1200.00** after **Thursday, August 16, 2018.**
4. **Collect BIBS** at the Church Office: **Tues, Aug 21** to **Thurs, Aug 23, 12noon** to **4pm.** And **Fri Aug 24, 10am to 12noon**
5. **Pre-race warmup** starts at **6:00am**. **Race** starts at **6:30am** sharp.
6. **Park @ Andrews Memorial SDA Church**, 29 Hope Road.
7. **Wear your BIB** on the FRONT of your shirt, for timekeepers to record your finish time.
8. If you register to WALK, then you must not RUN. However, if you register to RUN, you are free to walk.
9. BIBs are non-transferable! Absolutely no registration or bib collection on race day!
10. Failure to follow these rules or the instructions of the race officials will result in disqualification.
11. Cross the finish line and the officials will tear off the bottom portion of your BIB to record your finish place.

2018-05-15 7:56:00 PM

INDIVIDUAL PRIZES: 1st, 2nd, 3rd for Male & Female
● Runner ● Walker ● Child ● Wheelchair ● Oldest Finisher

PRIZE FOR THE LARGEST GROUP!

✂ Please cut here and return Registration Form to Andrews Memorial SDA Church, 29 Hope Road, Kgn 5 ✂

(Incomplete Forms OR Forms submitted without fees will not be processed) 2018-05-15 7:56:00 PM

2018 GOOD SAMARITAN HEALTH RUN/ WALK

Registration Form

Official Use Only
BIB Number:

LAST NAME _____ FIRST NAME _____ MI

TEAM / GROUP if any _____ SEX: Male Female Are you TEAM CAPTAIN? Yes No Official Use TEAM No.

_____ - _____
TELEPHONE NUMBER

Date of Birth (DOB): DAY MONTH YEAR
If under 18yrs Parent/Guardian info & signature below

DATE OF BIRTH REQUIRED TO BE ELIGIBLE FOR AGE-RELATED PRIZES

Email address: _____

By providing your telephone number and email address, you agree to receive information from the organisers and or sponsors of this event:

PLEASE CHECK ONE ONLY!

☐ **WALK** — **WALK** only! If you run, you will be disqualified.

☐ **RUN** — **RUN** or **RUN & WALK**

☐ **WHEELCHAIR** — Persons with **DISABILITIES**

Emergency contact OR Parent / Guardian if under 18:

Last name: _____ **First name:** _____

Contact Number: _____ --- _____ **Relationship:** _____

Please read and sign this waiver/release: **INFO: Andrews Memorial SDA Church Office, 29 Hope Road, Kgn 10. Ph: 920-7782 / goodsamaritan5Kja@gmail.com**

I know that participating in a run/walk is potentially hazardous. I will not enter unless I am at least 10 years of age on race day, medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event, including but not limited to falls, contact with other participants, the effect of weather including high heat and/or humidity, and the conditions of the road and traffic on the course. All of these risks are known and appreciated by me. Baby strollers, roller blades and bicycles are not allowed in this event. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself, and anyone acting on my behalf, waive, release and hold harmless the Andrews Memorial SDA Church and related entities, the Good Samaritan Foundation, all suppliers, all sponsors, respective directors, officers, employees, agents, assignees, volunteers, representatives and successors of any individual or group associated with this event, from and against all claims, damages, liabilities, cost and expenses of any kind including reasonable attorney's fees arising out of my participation in this event even though that liability may arise out of my negligence or carelessness, and/or the negligence or carelessness of any individual or organization referred to in this waiver. I grant to all of the foregoing to use any photographs, motion pictures, recordings, verbal or written statements, or any other record of this event for any legitimate purpose. I am of legal age, having read this release, fully understand it and freely agree to all of its terms.

X_____ ***Date:***_____

Signature of Participant *(Parent or guardian must sign for under 18yrs)*