

ENTRY FORM

September 30, 2023



Primary Registrant:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ Prov. _____

Code: _____ e-mail: _____ Phone # _____

Registration: Fees (see below for payment options)

- Individual \$25 Family* \$50
- Sponsored Individual (free with \$100 in SPONSOR donations)
- Sponsored Family* (free with \$150 in SPONSOR donations)

*Family (Entrants must live in the same household)

Every participant's name will be entered for a draw prize.

First Name _____ Last Name _____

First Name _____ Last Name _____

First Name _____ Last Name _____

First Name _____ Last Name _____

WAIVER: So here comes the fine print...

In consideration of the acceptance of my application and the permission to participate as an entrant, competitor or volunteer in the Schomberg Country Run 5K, I, for myself, my heirs, executors, administrators, successors and assigns, HEREBY AGREE TO INDEMNIFY, and I HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE The Township of King, the Anglican Parish of Lloydtown, and their directors, officers, employees, volunteers, agents, sponsors or sponsoring companies, representatives, organizers and any other person or organization assisting in this event from any and all claims, demands, damages, costs, expenses, action and causes of action whether in law or equity, in respect of death, injury, loss or damage to myself or any other person or property HOWEVER CAUSED, arising out of or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise; whether prior to, during, or subsequent to the event AND NOT WITHSTANDING any or all liability incurred by any or all of them arising as a result of or in any way connected with my participation in this event. BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD, AND AGREED to the above WAIVER RELEASE and INDEMNITY. I WARRANT that I am in proper physical condition to participate in this event.

Signature: _____

Date: _____

Parent/Guardian of participant under 18-year-old:

Name (print): _____ Signature _____

PHOTO WAIVER:

I HEREBY GIVE PERMISSION for publication and use of all pictures taken before, during and after the run/walk. Signature of entrant, Parent/Guardian: _____

Ways to pay your "Registration" fees: (please note that "Donations" are handled differently – see Sponsor Sheet)

- **Cash** (on site Sept 30)
- **Cheque** payable to: "Anglican Parish of Lloydtown" (116 Church Street, Schomberg, ON, L0G 1T0) bring, mail, or put in mailbox at St. Mary Magdalene
- **Interac (EFT)** to aplloydtown@gmail.com Be sure to put "SCR registration" in the message box. Scan completed form to the same email address so we can register you.
- **Eventbrite**, go to <https://www.eventbrite.com/> and search Schomberg Country Run
- **Questions?** call Carol Ann at 416-559-7898 or email to scr@anglicanparishoflloydtown.com