



SCENIC HILLS CHRISTIAN CAMP
MITCHELL, INDIANA

5K Trail Run/Walk

Fund Raiser

Saturday, June 6th

Early Registration by May 23

Adults \$20 with T-Shirt

Students (K-12) \$10 with T-Shirt

Late Registration

Adults \$25 no T-Shirt

Students (K-12) \$15 no t-Shirt

1 Mile Run/Walk

\$5 ages 6+ No Shirt

See back to register or go to www.scenic-hills-camp.com/5K



Scenic Hills Christian Camp
 3005 Stonington Rd
 Mitchell, IN 47446
 812-849-2267
 office.scenichills@hughes.net
 www.scenichillscamp.com

BIB # _____

REGISTRATION

Event 5K Mile Donation \$ _____

Name _____

Address _____

City _____ State _____ ZIP _____

E-mail _____ Phone _____

AGE (if under 18) _____ T-shirt size _____

Emergency Contact _____ Phone _____

Participant Waiver for Race Registration

I know that running [volunteering for] a trail race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but no limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the trails, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Run for the Hills event of Scenic Hills Christian Camp, all staff, officers, event organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

I understand that, in the event of an emergency, Scenic Hills will make every effort to contact those people listed on this form. In the event that Scenic Hills is unable to contact the designated emergency contact, I give my permission to the physician selected by camp management to secure treatment for participant named on this form.

Signature: _____

Date: _____

Parent's Signature if under 18 years: _____

Date: _____