

# South Texas Assemblies of God Women

## Missions 5k

### REGISTRATION AND WAIVER OF LIABILITY FORM

Today's Date:		Start Date of Event: 2/12/2022			
<b>PARTICIPANT'S INFORMATION</b>					
Last name:		First:	Middle:		
Is this your legal name? <input type="radio"/> Yes <input type="radio"/> No	If not, what is your legal name?		Birth date:	Age:	Sex: <input type="radio"/> M <input type="radio"/> F
Address: [Address/ P.O Box, City, ST ZIP Code]					
Home phone Number/Cell Phone /Other Phone:				E-Mail:	
Insurance Name/Number:					
<b>WAIVER OF LIABILITY</b>					
(This page MUST be signed below, to consent to waiver of liability, before participation in event is allowed)					
<p>WAIVER: I, the undersigned, agree to indemnify and hold harmless South Texas Assemblies of God Ministries from all cost, expense and liability arising out of <b>my or my child's</b> (minor – 18 years or younger) participation in this event (before, during or after.) I do hereby waive all claims for damage or loss to <b>me or my child's</b> person or property which may be caused by any act, or failure to act, by South Texas Assemblies of God Ministries, its leadership , volunteer staff or employees arising directly or indirectly from me or my child's loss, damage or other liability from such event.</p> <p>I give permission to South Texas Assemblies of God Ministries to use any <b>videos or pictures taken</b> through its media sources, for publication.</p>					
<b>IN CASE OF EMERGENCY</b>					
In case of emergency, please contact :		Relationship to participant:	Home phone no.:	Work phone no.:	
1.					
2.					
Name of local friend or relative (not living at same address):					
1.					
The above information is true to the best of my knowledge. I understand that I thereby release STXAGM of liability whereas stated in the waiver of liability clause in this document before, during or after the event in which this application pertains to.					
Signature:		/	Printed Name:		Date