

16th Annual



# Abbey Trails

5k run / 2 mile walk

## OFFICIAL REGISTRATION FORM

(PLEASE FILL THIS OUT, PRINT IT AND MAIL IT IN WITH YOUR REGISTRATION FEE.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

EVENT: (CHECK ONE)  5K RUN  2-MILE WALK

ESTIMATED WALK TIME: \_\_\_\_\_ MINUTES AND \_\_\_\_\_ SECONDS

T-SHIRT SIZE: (CHECK ONE)  S  M  L  XL SEX:  M  F AGE: \_\_\_\_\_

DONATION ENCLOSED FOR CONCEPTION SEMINARY COLLEGE \$ \_\_\_\_\_

PLEASE SEND ME MORE INFORMATION ABOUT CONCEPTION ABBEY AND CONCEPTION SEMINARY COLLEGE.

\*IF WALKING, ESTIMATED TIME IS REQUIRED

\*\*AGE IS REQUIRED IN ORDER FOR APPLICATION TO BE PROCESSED

**WAIVER:** In consideration of accepting this entry, the undersigned to be legally bound hereby, for myself, my heirs, executors and administrators assigns, waives, releases, discharges and covenants NOT TO SUE Conception Abbey, Conception Seminary College, event director, event workers and volunteers, all cities, counties, districts, public agencies, and/or states in which the event is held, from any and all claims of liability for death, personal injury or personal damage of any kind or nature whatsoever arising out of or in the course of my participation of this event. The release and waiver extends to all claims of every kind or nature whatsoever, foreseen, known or unknown.

SIGNATURE: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

(If participant is under 18 years of age)

DATE: \_\_\_\_\_

APPLICATIONS ARE NOT ACCEPTED UNLESS THIS DISCLAIMER IS SIGNED.

Fill out the form, print, and mail along with your registration fee to:

Abbey Trails • P.O. Box 501 • Conception, MO • 64433