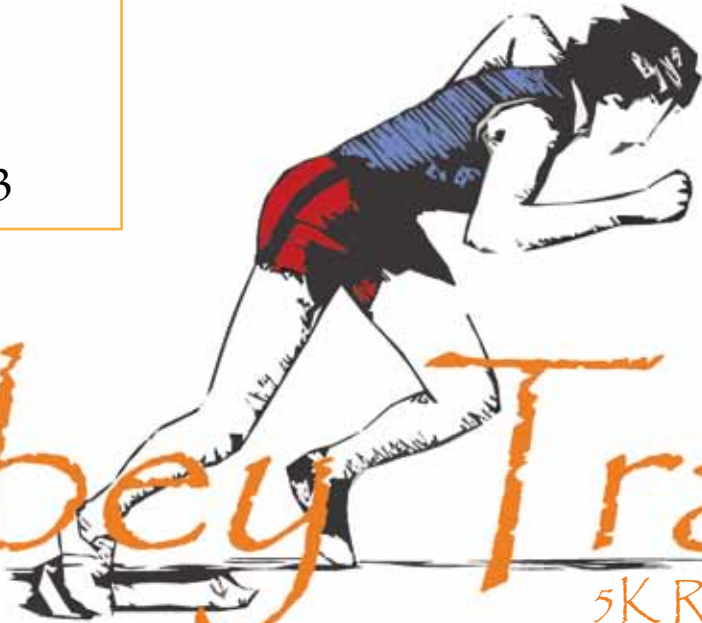


Fill in the forms, print and mail
along with your registration
fee to:

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

15th Annual

Abbey Trails



5K Run/2 Mile Walk
April 17, 2010 9:00 am

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 XXL 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, intending 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 in the event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotion 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.