



Vacaville  
Christian  
Schools

[www.Go-VCS.com](http://www.Go-VCS.com)



5K Race/Fun Walk

Registration & Liability Waiver Form

Each participant/ guardian must sign this form

Make checks payable to: Vacaville Christian Schools/ \$20 per person

YES! I would like to register for the 5K Run/ Fun Walk  
(Complete the below for each person registering)

No I cannot participate, but I would like to make a  
donation: \$20 \$50 Other: \$\_\_\_\_\_

Name: \_\_\_\_\_

Circle Age Group on Race Day

Address: \_\_\_\_\_

Under 12    13 – 17    18+

City, State Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Sign here for liability waiver\* (stated on back): \_\_\_\_\_

Name: \_\_\_\_\_

Circle Age Group on Race Day

Address: \_\_\_\_\_

Under 12    13 – 17    18+

City, State Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Sign here for liability waiver\* (stated on back): \_\_\_\_\_

Name: \_\_\_\_\_

Circle Age Group on Race Day

Address: \_\_\_\_\_

Under 12    13 – 17    18+

City, State Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Sign here for liability waiver\* (stated on back): \_\_\_\_\_

Name: \_\_\_\_\_

Circle Age Group on Race Day

Address: \_\_\_\_\_

Under 12    13 – 17    18+

City, State Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Sign here for liability waiver\* (stated on back): \_\_\_\_\_

\*\*Please see the reverse for the Liability Waiver\_





Vacaville  
Christian  
Schools

[www.Go-VCS.com](http://www.Go-VCS.com)



5K Race/Fun Walk

Registration & Liability Waiver Form

Each participant/ guardian must sign this form

Make checks payable to: Vacaville Christian Schools/ \$20 per person

Location: 821 Marshall Road, Vacaville, CA (VCS High School)

Date: Saturday, May 2, 2015

Time: 8:00am - 8:30am Registration

8:30am 5K Run/ Fun Walk RAIN OR SHINE

RELEASE OF LIABILITY (Adult)

Waiver: In consideration of the acceptance of this entry I waive all claims for myself and my heirs against the sponsors, cooperating and coordinating groups and any individuals associated with this event and will hold them harmless for any and all injuries which may result from my participation. I hereby give my permission to the media to use my name and photograph in the newspaper, broadcast, telecast of this event without limitation or obligation. I certify that I am physically fit for this event and understand the risks involved by participating in this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate in the Vacaville Christian Schools (VCS) Early Education 5k Race/Fun Walk. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Vacaville Christian Schools (VCS), its officers, directors and agents, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate VCS, its officers, directors and agents, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection there with.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

