

AFRICA AIDS RELIEF WALK/RUN

Second Annual

5k fun walk/run and Half Marathon

100% of all proceeds will benefit the aids orphans in Africa through Nazarene Compassionate Ministries.



Saturday May 8th

5k (3 miles) at 9:00 am

Half Marathon (13.1 miles) at 8:00am

Both runs start and finish at Connecting Point Church
3200 E. Monte Vista, Denair CA. 95316

Continental Breakfast Following

All participants will receive a race day t-shirt.

Fees: (by April 25th)
\$30 for half
\$20 for 5k
After April 25th
\$35/\$25

For more information please call Tim at 664-1445 or Karen at 668-2969

Mail completed entry form to:
Connecting Point Church of the Nazarene
PO Box 98
Denair, CA 95316

First Name: _____ Last Name: _____

Address: _____ City and State _____

Phone #: _____ Sex: M ___ F ___ DOB: _____

Age on Race Day: _____

Email Address: _____

Please mark which race you are registering for:

Half Marathon _____ 5k _____

Shirt Size: Small _____ Medium _____ Large _____ XL _____

Waiver: All entrants must sign. If entrant is under 18 years of age a parent or guardian must sign.

In consideration of your acceptance of this entry, I hereby for myself, my executors, and administrators, waive any and all right and claims for damages I may have against the sponsors, coordinating groups, and any individuals associated with the event. I acknowledge none of the above are responsible for the loss of personal items nor any other form or aggravation in connection with said event. I have been warned I must be in good health to participate in this event. In filling out this form I acknowledge I have read and fully understand my own ability and do accept the restrictions.

DATE: _____ SIGNATURE: _____

*****IMPORTANT: IF YOU ARE UNDER 18 YEARS OF AGE YOU MUST COMPLETE THE BACK SIDE OF THIS FORM AND YOU MUST HAVE A PARENT BRING YOU TO THE EVENT*****

I understand that my child will not be accompanied by an adult.

I am fully aware that the course is on open roads and canal banks.

I agree not to hold Connecting Point Nazarene or any persons volunteering for the church responsible should my child injure themselves or harm themselves during this run.

My child **does** or **does not** take any medications.
Please list any medications:

In the event of an emergency I can be reached at:

If I cannot be reached I authorize Connecting Point Nazarene to administer necessary and needed first aid.