

The Awaken Souls 甦靈男人事工
甦靈「跑男」緩步跑 第十一屆研習班
11 May - 13 July, 2024

「報名表」及「Safety and Medical Waiver」

報名表

Name: _____ (print name)

Telephone: _____ (for contact and whatsapp purpose)

Address: _____

Email: _____

Church Affiliation (if applicable) : _____

Emergency Contact : Name _____ (print name) Phone No.: _____

Running Level: Beginner Intermediate (5K) Advanced (10K+) (Please check)

SAFETY AND MEDICAL WAIVER

I know that participating in physical fitness events may be a potentially hazardous activity. I agree not to participate unless I am medically able and properly prepared. I acknowledge that I am solely responsible for my own medical well being.

I agree that (a) I will abide by any decision of volunteer(s) or representative(s) of Awaken Souls Ministry concerning my ability to safely participate; (b) I will assume any and all risks associated with the Event; including but not limited to, falls, contact with other persons or objects, the effects of weather and course conditions; (c) I hereby consent to permit, and accept responsibility for emergency treatment in the event of injury or illness.

As a condition of entering this Event, I for myself waive and release "The Awaken Souls" Ministry and its volunteers and representatives from present and future claims and all liabilities of any kind, known or unknown, arising out of our participation in this Event or related activities.

I _____ **acknowledge and agree to the terms of this "Waiver".**

(Sign your name)

Date signed: _____

*** Data collected will be used only for this event.**

** Yes, I consent to receive communication about The Awaken Souls regarding their promotions and upcoming events.