

Awaken Souls 甦靈男人事工
「跑男」緩步跑 第十二屆研
習班 17 May - 19 July, 2025

報名表及 Safety and Medical Waiver

Name: _____ (print name)

Telephone: _____ (for contact and whatsapp communication purpose)

Email: _____ Church Affiliation (if any) : _____

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 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 here)

Date signed: _____

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

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