## St. Vincent de Paul Friends of the Poor 5km run/walk

| Race date/time: Saturday, September   | er 24, 2022, 9 am for the run, 10an  | n for the walk   |   |
|---|--|--|---|
| Race location: Registration at St. V  | incent de Paul Thrift Store, 9151 C  | Glacier Highway, run starts across th  | e street.   |
| Race contact: Dave Ringle (907-32   | 1-7026) Proceeds benefit: <b>St.</b>   | Vincent de Paul of Juneau  |   |
| Race description: Run starts across   | the street from the Thrift Store, he   | eads down Berners to Radcliff to the   | Airport dike  |
| trail. Turn around will be 1.5km from   | n the start. The walk will be from   | the Thrift Store to the Teal Street Sh   | elter at 10am.  |
| Distance: 5km Walk  |  |  |   |
| Cost: Youth (18 and under) \$5, 2   | Adults \$20, cash, credit  | or check (made out to SVDP)  |   |
| pay online at svdpjuneau.org (dor   |  |  |   |
| JTRR MEMBER: YES  | NO (If yes, you don't need to comp   | elete phone or address fields)   |   |
| FIRST and LAST NAME:  |  |  |   |
| GENDER: Male Female   | AGE as of 7/12021:   | PHONE:()   |   |
| E-MAIL ADDRESS:   |  |  |   |
| MAILING ADDRESS:  |  |  |   |
| CITY:   | STATE:   | ZIP:   |   |
| Emergency Contact:  | Phone  | Number:()  |   |
| WAIVER: I know that running a road and/or unless I am medically able and properly traine I am properly trained. I agree to abide by any official to deny or suspend my participation for assume all risks associated with running in the personnel, contract service providers, employ with other participants, volunteers, race person weather; high heat and/or humidity; freezing agree to abide by the Center for Disease Cor (COVID-19) and other communicable disease ncov/prepare/prevention.html. I assume all su | ed, and by my signature, I certify that I am a decision of a race official relative to any aster any reason whatsoever. I attest that I have is event, including but no limited to: falls, perces, and spectators including the potential onnel, contract service providers, employee cold temperatures; traffic and the conditions introl's (CDC) recommendations for the prevers, and I attest to having read the CDC's gu | medically able to perform this event, and am is pect of my participation in this event, including read the rules of the race and agree to abic hysical contact with other participants, volunte contraction of a communicable disease results, and spectators. I assume all risks including of the road and/or trail including surrounding tention of the spread of the 2019 Novel Corona uidance at: https://www.cdc.gov/coronavirus/2  | in good health, and g the right of any le by them. I eers, race ting from contact g: the effects of the g terrain. I further avirus Disease |
| I understand that bicycles, skateboards, baby race, and I will abide by all race rules. Having anyone entitled to act on my behalf, waive an Vincent de Paul of Juneau, all event sponsor in this event, even though that liability may ar acknowledge the contagious nature of COVID by COVID-19 and/or other communicable dis injury, illness, permanent disability, and/or de participation in this event and personally assured.  | read this waiver and knowing these facts and release the Juneau Trail and Road Runnes, their representatives and successors from ise out of negligence or carelessness on the D-19 and other communicable diseases and eases by participating in this event. I acknow ath. I understand that the risk of becoming  | and inconsideration of your accepting my entriers, the state of Alaska, the City and Borough all claims or liabilities of any kind arising out part of the persons named in this waiver. It divoluntarily assume the risk that I may be expected that such exposure or infection may reposure that such exposure or infection may reposure that such exposure or infection may reposure or inf | y, I, for myself and<br>n of Juneau, and St<br>t of my participation<br>n addition, I<br>posed to or infected<br>result in personal         |
| I grant permission to all of the foregoing to us purposes. I understand that this event does n entitled to a refund if the event is canceled be <b>Signature of entrant:</b>  | ot provide for refunds in the event of a can-  | celation, and by signing this waiver, I consent  |   |
| Signature of parent or guardian   |  |  |   |
| Signature of parent of guardia  | 1 H UHUCI 10.  |  |   |
|   |  |  |   |
|   |  |  |   |
| *For race officials only  | BIB NUMBE  | $\mathbb{F}_{\mathbf{R}}$  |   |
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