GOOD SAMARITAN RUN 2014 – INFORMATION & REGISTRATION FORM

Photocopy as needed

2014-07-09 6:34:00 AM

GOOD SAMARITAN RUN is a 5.9 kilometre (3.7 mile) run/walk event to promote health and wellness, while raising funds for the Good Samaritan Inn for the homeless at Heroes Circle, Kingston, Jamaica. Organized by the Health Ministries Department of the Andrews SDA Church, the 3rd annual event will be on **Sunday, August 31, 2014 @ 7am**, followed by a **Health Fair** from 8am–3pm on the church grounds, and the launch of **Health and Wellness Series** every Sun, Tues and Wed at 7pm, Sat 8am, 11am & 4pm during September.

REGISTRATION & RACE INSTRUCTIONS

1. REGISTRATION AND INFORMATION: Andrews SDA Church Office, 29 Hope Road, Kgn 5. Phone: 920-7782.
2. Photocopy or Download this Form at **www. amsdac.interamerica.org**
3. Entry fee per person: $**800.00** (adults and children over 13yrs); **$400.00** (under 13yrs); **$700.00** (groups of 10 or more).
4. Incomplete Registration Forms or Forms received without payment will not be processed.
5. **Late Registration** fee of **$1000.00** applies after **12noon** on **Monday, August 25, 2014.**
6. **Collect BIBS** at the Church Office, **Wed, Aug 27** to **Thurs, Aug 28, 12noon** to **4pm.** And **Fri Aug 29, 10am to 12noon**
7. Your BIB number is linked to your name, gender, age, event, and team. BIBs are non-transferable!
8. Absolutely no registration on race day! BIBS will be not distributed on race day.
9. Follow these rules and the instructions of the race officials or risk disqualification.
10. Arrive early. Pre-race warmup starts at **6:30am**. Race starts at **7:00am** sharp.
11. Park at the Police Officers Club, 34 Hope Road (across the street).
12. Wear your BIB on the FRONT of your shirt, for timekeepers to record your finish time.
13. If you register to WALK, then you must not RUN. However, if you register to RUN, you are free to walk.
14. Cross the finish line and the officials will tear off the bottom portion of your BIB to record your finish place.

Did you know: Average healthy adult runs 5K in 20 to 45 mins. The Jamaican National 5K record is 13 mins:32 secs! What's your time?

Please cut here and return Registration Form to Andrews SDA Church, 29 Hope Road, Kgn 5

GOOD SAMARITAN RUN 2014

Registration Form

Official Use Only
BIB Number:

LAST NAME | FIRST NAME | MI

TEAM / GROUP if any

SEX Male Female

Are you TEAM CAPTAIN? Yes No

Official Use TEAM No.

TELEPHONE NUMBER

Date of Birth (DOB): DAY MONTH YEAR

Under 18 yrs Parent/Guardian info & signature below

Age category: Under 13 | 13-19 | 20-29 | 30-39 | 40-49 | 50-59 | Over 60

Please check ONE age category!

Email address

By providing your email address, you agree to receive information from the organisers and or sponsors of this event:

PLEASE CHECK ONE ONLY!

- **WALK** — **WALK** only! If you run, you will be disqualified.
- **RUN** — **RUN** or **RUN & WALK**
- **WHEELCHAIR** — Persons with **DISABILITIES**

Emergency contact OR Parent / Guardian if under 18:

Last name: **First name:**

Contact Number: --- **Relationship:**

Please read and sign this waiver/release:

I know that participating in a run/walk is potentially hazardous. I will not enter unless I am at least 10 years of age on race day, medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the event, including but not limited to falls, contact with other participants, the effect of weather including high heat and/or humidity, and the conditions of the road and traffic on the course. All of these risks are known and appreciated by me. Baby strollers, roller blades and bicycles are not allowed in this event. Having read this waiver and knowing these facts and in consideration of your acceptance of my entry, I, for myself, and anyone acting on my behalf, waive, release and hold harmless the Andrews Memorial SDA Church and related entities, the Good Samaritan Foundation, all suppliers, all sponsors, respective directors, officers, employees, agents, assignees, volunteers, representatives and successors of any individual or group associated therewith, from and against all claims, damages, liabilities, cost and expenses of any kind including reasonable attorney's fees arising out of my participation in this event even though that liability may arise out of my negligence or carelessness, and/or the negligence or carelessness of any individual or organization referred to in this waiver. I grant to all of the foregoing to use any photographs, motion pictures, recordings, verbal or written statements, or any other record of this event for any legitimate purpose. I am of legal age, having read this release, fully understand it and freely agree to all of its terms.

X _____ ***Date:*** _____

Signature of Participant *(Parent or guardian must sign for under 18yrs)*

INFORMATION: Andrews SDA Church Office, 29 Hope Road, Kgn 5. Phone: 920-7782