



**PARKVIEW**  
BAPTIST

# Missions Run 2 Ireland 2012

## 5K & 1 Mile Fun Run



# March 17, 2012

Spring Park Course AL03001JD

**Race Benefits:** This race has been coordinated to help raise mission funds for Lorin Holt / Parkview Baptist Church, who has been selected by Global Year and Operations Mobilization to be a part of the Global Year in Ireland for Eleven months.

**Entry Fees:**

**5K** \$15.00 early registration must be postmarked by March 1, 2012. Late and Race Day registration will be \$20.00

**1 Mile Fun Run** \$10.00 early registration must be postmarked by March 1, 2012. Late and Race Day registration will be \$12.00

**T-Shirts:** Guaranteed to Early Registrants.

**Packet Pick-up / Late Registration:** Parkview Baptist Church March 16, 2012 from 4:00PM to 6:00PM.

**Race Day Registration:** Begins at 6:45 AM and will end promptly at 7:30AM

**Schedule of Events:** 7:45 AM meet at starting line. 5K Race will begin at 8:00 AM. 1 Mile Fun Run will begin Approx. 9:00 AM.

**General Race Day Information:** Race will begin on Spring Park Road on the south end of Spring Park with a water station half way

**Awards and Post Run Party:** Will be held in Spring Park at the main pavilion in the center of the park. Refreshments and music will be provided. Awards will be presented to the first place overall male and female and the first place masters (over 40) Male and Female. Awards will be presented 3 deep for each age division.

**For Information:** Contact Kay Holt at [missionsrun2ireland@yahoo.com](mailto:missionsrun2ireland@yahoo.com) or 256-577-1102. You may also contact Parkview Baptist Church @ [www.parkviewfamily.org/ireland](http://www.parkviewfamily.org/ireland) or 256-383-5022

**Mail registration and waiver to:** Missions Run 2 Ireland 2012 c/o Parkview Baptist Church 1404 Hwy. 72 East Tuscumbia, AL. 35674

**Make Check Payable to:** Parkview Baptist Church **Please note on the memo line:** *(Missions run 2 Ireland 2012)*

Cut on this line and mail in with your registration fee

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender (circle one) M F    Date of Birth: \_\_\_\_\_    Age on 3/17/12: \_\_\_\_\_    Shirt Size (circle one): S M L XL  
Youth Size: YS YM YL

Would you like to make an additional donation to Global Year / Parkview Baptist Church missions program?

If so, how much? \_\_\_\_\_ Total amount Enclosed: \_\_\_\_\_ 5K \_\_\_\_\_ 1 Mile Fun Run \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Emergency contact Phone: \_\_\_\_\_

**Date and Sign:**

In consideration of my acceptance as a participant in the Missions Run 2 Ireland race, I hereby for myself, my heirs, executors and administrators, do waive and release any and all rights and claims for damages I may have against Global Year, Parkview Baptist Church, and any and all Missions Run 2 Ireland sponsors and any and all parties participating, their agents, representatives and assignees for any and all claims of liability. I understand there are certain dangers associated with any such athletic event and I certify that I am physically able to compete in this event.

\_\_\_\_\_  
Signature of Applicant (Guardian if under age 18)

\_\_\_\_\_  
Date

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### WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in registering yourself and/or your ward to participate in this/these program(s), you will be waiving and releasing all claims of injuries, damages or loss, or claims your ward might sustain through participation in this/these program(s) listed below.

#### **Missions Run 2 Ireland 2012**

As a participant or the parent/guardian of a participant in this program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the City of Tuscumbia, its officials, agents, servants, representatives, employees and board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize program officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary of my or my ward's immediate care and agree that I will be responsible of repayment of any and all medical services rendered.

**I HAVE READ AND FULLY UNDERSTOOD THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT.**

*Participant's Full Name*

*Date*

*Signature of Participant, Parent or legal guardian  
If Under 19*

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