

Enclose Waiver and Release

For the Health of It

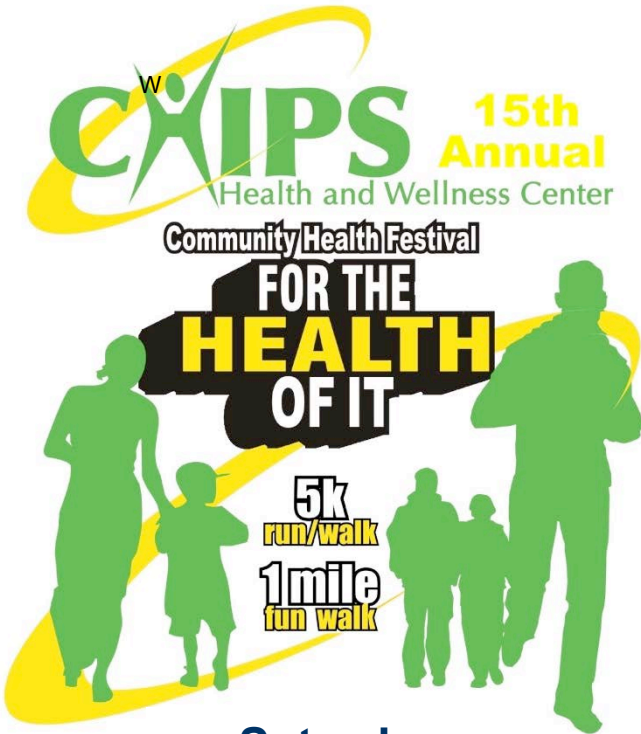
Complete the entry form below and mail with payment to

CHIPS

2431 N. Grand Blvd., St. Louis, MO 63106

Entry Fees

Adults registered by 9/01/15 - \$20.00
Adults fee after 9/01/2015 - \$25.00
Children under the age of 18 - \$10.00
(Some scholarships are available)

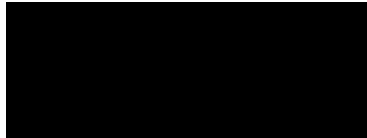


Saturday

September 19

2015

EARLY SPONSORS



ENTERPRISE HOLDINGS.

WACHTER, inc.
CONSTRUCTION SERVICES

ST. LOUIS AMERICAN

CHIPS, Health and Wellness Center
2431 N. Grand,
St. Louis, MO 63106
Tel. 314-652-9231 Fax 314-533-5430
email: info@chipsstl.org

Community Health-In-Partnership Services (CHIPS)
Is a tax exempt IRS 501(c)(3) not for profit organization.

Name

Address

City

State / Zip code

Phone number

Email address

Age on race day Birth date

Gender: Male Female *(please check)*

T-shirt Size: M L XL XXL Other _____

Team :

I am registering for:

- Competitive 5k Run/Walk *(timed up to 45 minutes)*
- Non-competitive 5k Run/Walk *(untimed event)*
- 1 Mile Fun Walk
- CHIPS Supporter – My donation is enclosed
- Volunteer

WAIVER AND RELEASE

Must be signed by every participant

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and of being permitted to participate in this event. I am a voluntary participant in this event and in good physical condition. I acknowledge that this event is a potential hazardous activity.

I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I, on behalf of myself and on behalf of the minor child(ren) listed below as his or her parent or guardian, hereby forever release, hold harmless and indemnify Community Health-In-Partnership Services (CHIPS), its local Affiliates and any affiliated individuals, any Race sponsors and their employees, and all other persons or entities associated with this event from any claims I or the child(ren) named below may have arising out of my or such child(ren)'s participation in this event, including personal injury or damage suffered by me, the child(ren) or others, whether same be caused by negligence of Community Health-In-Partnership Services (CHIPS), its local Affiliates and any affiliated individuals or any Race sponsors, including any of said parties' agents or employees or otherwise. If I or the child(ren) named below do not follow all the rules of this event, I understand that we may be removed from the competition. I give my full permission to Community Health-In-Partnership Services, (CHIPS) and its local Affiliates to use, without charge, my name and any photographs, videotapes, or other recordings of me and the minor child(ren) listed below that are made during the course of this event, together with all alterations or edited sessions of the foregoing.

NOTICE OF DRUG TESTING for competitive runners: Participants in the 5K timed race may be subject to formal drug testing in accordance with USA T&F rules and IAFF Rule 144. Participants who refuse to be tested or who test positive for banned substances will be disqualified from this event and will be ineligible for future competitions.

Signature _____

Parent or guardian if under 18

Date: _____

Name(s) of Minor(s)

