

REGISTRATION FORM

Send to: Camp Assurance, PO Box 18, Georgetown, IL 61846
or Register Online at campassurance.org

Phone 217-662-6242 / Email office@campassurance.org



What to Expect:

The 5K will primarily be on paved road as we go through the camp property and also on country roads, but may also include some dirt path, grass, and gravel. You should wear sturdy running or walking shoes that you don't mind getting dirty and/or wet. Children 12 & under must be accompanied by an adult on the 5K race course. No pets permitted. No strollers permitted on the racecourse. The events will be held rain or shine, but for safety, the race will be called for thunder or lightning. Entry fee is non-refundable. If a person is asked by medical personnel to stop during a race, that person must stop. In that event, race fees will be refunded. All proceeds from the Race Day will go toward improvement projects at Camp Assurance.

Schedule:

8:30 am Check-In Opens
9:30 5K Begins
10:45 Kids Fun Run
11:00 Awards Presented
11:15 Lunch Served

Virtual Option: We will send you a race bib if registered by May 4 (and a shirt if ordered by April 16). You run/walk in any location between Friday, May 8 and Sunday, May 17. If you choose, post your results and a pic on facebook and tag Camp Assurance, or email them to office@campassurance.org.

Participant Information

Name _____

Birthdate ____/____/____ Male Female

Mailing Address _____

City State Zip

Phone: Home (____) _____

Cell (____) _____

Email _____

Church/City _____

Parent/Guardian Information

For participants under the age of 18

Name _____

Phone (____) _____

Email _____

Emergency Contact

Name _____

Relationship _____

Phone (____) _____

Office Use	Registered	Signatures
	Contact Info	Finances
	Details	Receipt

Age Group (circle one): **11 & under** 12-15 16-19 20-29 30-39 40-49 50-59 60+

Select One: by April 16

- 5K - includes T-shirt (\$30)
- Kids' Fun Run + T-shirt (\$20)
- Kids' Fun Run (\$5)
- Virtual Participant with shirt (\$30)
- Virtual Participant no shirt (\$10)

after April 16 (**no T-shirts available**)

- 5K (\$30)
- Kids' Fun Run (\$5)
- Virtual Participant (\$10)

T-Shirt Size (if applicable) - Please circle size: S M L XL XXL Youth S Youth M Youth L Youth XL

Staying for Lunch? (included with 5K & Fun Run fee) (circle) Yes No

Add-Ons:

Additional Lunch Tickets (for those not registered for 5K or Fun Run):

of adults ____ (\$8 each) # kids ages 6-12 ____ (\$6 each)

Additional T-Shirts (\$20, by April 16 only): S M L XL XXL / Youth S YM YL YXL



PARTICIPATION & MEDICAL RELEASE

While we make every effort to provide a safe and pleasant environment for every camper who attends Camp Assurance, we do require that this participation agreement be read, filled out, signed, and dated by all campers (or their parent/guardian if under the age of 18) who wish to participate in activities at Camp Assurance.

Although Camp Assurance has taken reasonable steps to provide equipment and skilled employees so you or your child can participate in activities for which you/he/she may not be skilled in, we do remind you that these activities are not without risk. Certain risks cannot be eliminated due to our camp's rural setting and without destroying the unique character of those activities. The same elements that contribute to the character of these activities can be cause of loss or damage to your property, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for these activities, but we do think it is important for you to be informed and know in advance about inherent risks.

With full knowledge, I accept full responsibility for any injury or accident that may occur to myself or my child while participating in Camp Assurance activities. I give permission for myself or my child to attend and participate in activities that occur at Camp Assurance. These activities may include, but are not limited to, swimming, canoeing, zipline, archery, riflery, paintball, strenuous activities, and competitive games.

I understand that for promotional or marketing purposes, Camp Assurance reserves the right to use any audio, video, and/or photography of guests or campers participating at Camp Assurance facilities.

I, on behalf of myself, my children, my assigns and my estate, agree to release and hold harmless Camp Assurance, its officers, board, agents or employees, for any and all claims for injuries, causes of action, or liability related to my or my child's participation in any activity occurring at Camp Assurance. This release does not apply to intentional and/or willful acts of misconduct by Camp Assurance or any of its officers, board, agents or employees. By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Camp Assurance on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

I understand that my personal insurance will provide primary coverage for medical aid and that Camp Assurance will provide excess coverage. IN CASE OF MEDICAL EMERGENCY, I hereby give permission to the physician selected by the camp director or his agent to hospitalize, secure proper treatment for, and order injection, x-ray, anesthesia, or surgery for myself or my child as named previously. (Please notify the camp if this participant has been exposed to any communicable disease during the two weeks prior to camp attendance.)

Signature _____ **Date** _____

Parent/Guardian if Under 18