

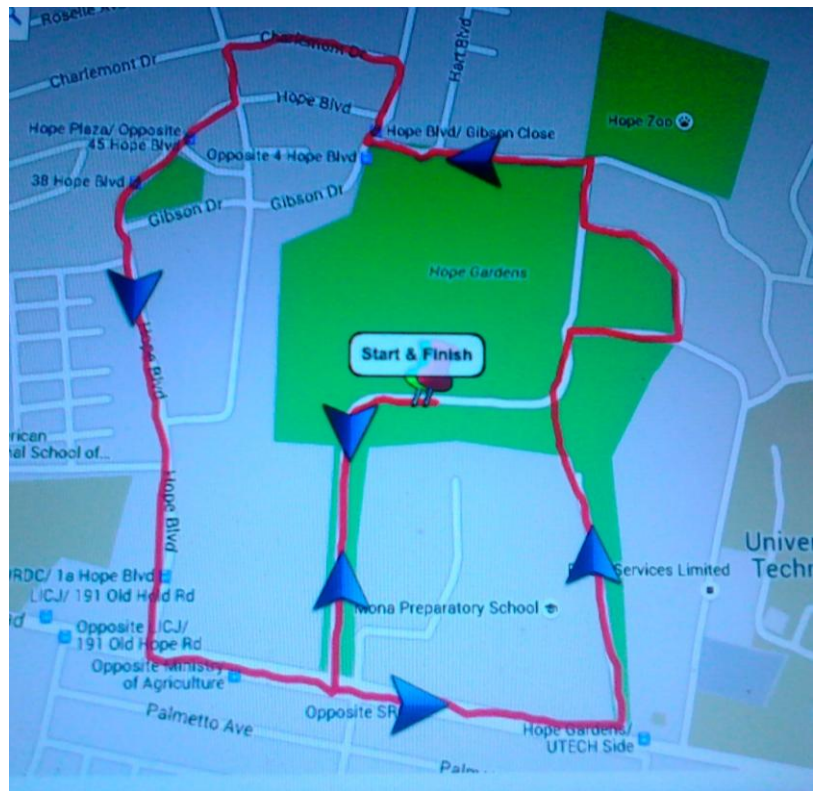


**Wycliffe Caribbean**  
Partners in Bible Translation

**Wycliffe Caribbean**  
22 Regal Plaza, Cross Roads, Kingston 5  
754-9334, 559-8187, 492-7376  
[director@wycliffecaribbean.org](mailto:director@wycliffecaribbean.org)

**5K Run & Walk, Hope Gardens,  
November 21, 2015  
Warm-Up 6:00 a.m.  
Run begins 6:45 a.m.**

- Early-bird 10% disc. ends Oct. 13, 2015
- Registration closes November 18, 2015
- Individual registration fee: **\$1,000** each
- **Groups of over 20 persons:**
  - Corporate** - \$900 each.....
  - Churches** - \$700 each.....
  - Schools** - \$500 each.....



*(Entries will not be processed without payment. Proof of payment required.)*

**Payment Options:** Cash/Cheque payment in the name of Wycliffe Bible Translators.  
Account for payment: **Wycliffe Caribbean 5K BNS Liguanea** Fee payment must be confirmed by November 18.

**Kit pick up November 18 - 20, 2015 between the hours of 10:00 a.m. & 6:00 p.m. at address above. No race day collection.** Groups, please assign a group leader to collect kits for entrants. **Must bring identification.**

Please complete the form below, cut at the line and return it to the address above (upper half is for your reference) along with proof of payment:

**ENTRY FORM**

Name of Participant \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age on Race Day \_\_\_\_\_ Amount paid: \_\_\_\_\_ Date paid: \_\_\_\_\_  
*(you must be over the age of 8)*

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

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

Group Registration: \_\_\_\_\_ *(Name of Group if applicable)*

Tick appropriate boxes:     **5K Run (chip-timed)**             **5K Walk (no chip)**             **Individual registration**

Name of emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

RELEASE: IN CONSIDERATION OF THE ACCEPTANCE OF MY ENTRY OR VOLUNTEERING, I, MYSELF, MY SUCCESSORS IN INTEREST, HEIRS, ASSIGNS AND REPRESENTATIVES DO HEREBY FULLY RELEASE AND AGREE TO HOLD HARMLESS WYCLIFFE BIBLE TRANSLATORS CARIBBEAN AND ITS MANAGERS, ORGANIZERS AND EVENT SPONSORS OF ALL LIABILITY, CLAIMS, DAMAGES, DEMANDS, ACTIONS AND CAUSE OF ACTION WHATSOEVER IN ANY MANNER ARISING OUT OF MY PARTICIPATION IN THE EVENT. I ATTEST AND VERIFY THAT I HAVE FULL KNOWLEDGE OF THE RISK INVOLVED IN THIS EVENT AND THAT I AM PHYSICALLY FIT, HAVE NOT BEEN OTHERWISE INFORMED BY ANY PHYSICIAN AND KNOW OF NO RESTRICTIONS IMPOSED ON ME BY MY OWN PHYSICIAN THAT WOULD IN ANY WAY PREVENT ME FROM PARTICIPATING IN THE EVENT. I UNDERSTAND THAT BY SIGNING THIS RELEASE, I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE PARTIES AS STATED ABOVE FOR ANY AND ALL INJURIES WHICH I MAY INCUR OR AS A RESULT OF THE EVENT. I ALSO GRANT FULL PERMISSION FOR THE FREE USE OF MY NAME AND QUOTATIONS, IMAGE, AND/OR VOICE IN ANY BROADCAST, TELECAST, PRINT ACCOUNT OR ANY OTHER ACCOUNT IN ANY MEDIUM OF THIS EVENT.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Signature (If entrant is under 18 parent/guardian must sign)*