



The 20th Annual Thrivent Financial Race For The ARK

August 24, 2019

5K Run/Walk • 1 Mile Fun Run • Youth Challenge • Corporate Challenge



Lowcountry Youth Team Challenge Parent/Guardian Waiver Form

Area high school/youth teams are invited to enter one (or more) 5-member team in The ARK's 5K Run. Please print sufficient copies of this form for each member of the team. You may register your child online to be a member of the team. The Coach will supply a link/password, or visit www.TheARKofSC.org

Parental Waiver must be signed by a parent or guardian of each team member under 18 years old. Team members 18 years of age must sign for themselves.

Please read and sign below (if you do NOT register your child online)

Waiver: Upon acceptance of my entry/my child's entry, I, as parent/guardian for my child or as myself, my heirs & assigns, hereby release the Town of Summerville, The ARK, USTAF, St. Luke's Lutheran Church, all sponsors, merchants, their employees, and officials of the Race for the ARK from any and all liability arising from any injury or death my child/I may suffer as a result of my child's/my participation in this event. I attest that my child is /I am physically fit and has sufficiently prepared for this event and I am aware that participation, in some circumstances, could result in physical injury. Should officials determine that completion of this event would be injurious to my child's/my health, I consent that my child/I be removed and treated by the medical support in attendance at their direction. I give permission for free use of my child's/my name in any broadcast or written account of this event. I understand that my child's/my entry fee is NON-REFUNDABLE. I understand that pets, roller blades, scooters and bicycles are not permitted on the course. I understand that wheeled strollers and headphones are discouraged.

Name of Team Member (print) _____ Date _____

School/Team Name _____

Signature of Parent/Guardian (under 18) _____ Date _____

Signature of Team Member (18+) _____ Date _____

To pay by credit card: CC# _____ Exp. _____ Sec. Code _____

Or visit: <http://thearkofsc.org/>

To pay by check, please make payable to **The ARK**, and mail with form to: **The ARK, PO BOX 1540, Summerville, SC 29484.** Entry must be received no later than **August 5, 2019.**



(843)-471-1360 | info@thearkofsc.org | www.TheARKofSC.org
Physical Address: 502 West 5th North Street | Summerville, SC 29483
Mailing Address: PO BOX 1540 | Summerville, SC 29484