



The 20th Annual Thrivent Financial Race For The ARK

August 24, 2019

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



Area schools are invited to enter a team in The ARK's 5K Run/Walk *Lowcountry Youth Team Challenge*

For more information or to register contact: **Megan Severn at DevelopmentDir@thearkofsc.org**
Registration Deadline August 12 | Visit www.thearkofsc.org

- The race/walk will start at St. Luke's Lutheran Church on 206 Central Avenue in Summerville.
- There will be three water stations and the course is certified (SC12043DW). This is a RAIN or SHINE event.
- **Deadline for entering your team – August 12, 2019 - No Exceptions!** Teams may register online this year!

The Perks

- Each team will receive 5 entries in the 5K Run.
- **Entry fee for 2018 is \$35 per team member with shirt and \$25 per team member without shirt.**
- Each member of the team will also be eligible for individual awards.
- The overall winning team of combined girls' and boy's times will receive a plaque.
- The 1st place girls' and 1st place boys' teams will receive a plaque.

Team Registration Form

School		
Captain/Coach		
Address		
City/State/Zip		
Phone	Work	Cell
Email		

Please mail/bring completed forms and checks payable to *The ARK* by 8/12/19
Race for The ARK
PO BOX 1540
Summerville, SC 29484

To pay online, visit www.TheARKofSC.org
Thank you for your support!

Pay By Credit Card: CC# _____ Exp. _____ Sec. Code _____ Or visit: www.TheARKofSC.org

**All team members please read and have Team Captain (must be an adult) sign below.
 Parent Permission Attached!**

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.

Team Captain/Coach Signature _____ **Date** _____



(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

Lowcountry Youth Team Challenge Team Roster

Team Roster: First 5 finishers will be considered the “winning team” regardless of their number on the roster. Additional team members may be listed below or on a separate form. T-shirt sizes are adult: S, M, L, XL, XXL. If student does not desire a t-shirt, just note “O”.

Parent/Guardian Waiver must be signed and turned in by 8/5/19 for student’s participation. If the signed Parent/Guardian Waiver is not submitted, student will not be allowed to participate.

Team 1

Signed Paid

1. Name _____ Age _____ Gender ____ T-Shirt Size _____
2. Name _____ Age _____ Gender ____ T-Shirt Size _____
3. Name _____ Age _____ Gender ____ T-Shirt Size _____
4. Name _____ Age _____ Gender ____ T-Shirt Size _____
5. Name _____ Age _____ Gender ____ T-Shirt Size _____

Team 2

1. Name _____ Age _____ Gender ____ T-Shirt Size _____
2. Name _____ Age _____ Gender ____ T-Shirt Size _____
3. Name _____ Age _____ Gender ____ T-Shirt Size _____
4. Name _____ Age _____ Gender ____ T-Shirt Size _____
5. Name _____ Age _____ Gender ____ T-Shirt Size _____

Additional Runners:

1. Name _____ Age _____ Gender ____ T-Shirt Size _____
2. Name _____ Age _____ Gender ____ T-Shirt Size _____
3. Name _____ Age _____ Gender ____ T-Shirt Size _____
4. Name _____ Age _____ Gender ____ T-Shirt Size _____
5. Name _____ Age _____ Gender ____ T-Shirt Size _____

Additional Runners:

1. Name _____ Age _____ Gender ____ T-Shirt Size _____
2. Name _____ Age _____ Gender ____ T-Shirt Size _____
3. Name _____ Age _____ Gender ____ T-Shirt Size _____
4. Name _____ Age _____ Gender ____ T-Shirt Size _____
5. Name _____ Age _____ Gender ____ T-Shirt Size _____