



Registration

Name: _____ Date of Birth: ____/____/____

Address: _____ Best Phone: _____

City/State/Zip: _____

Email: _____ Emergency Contact : _____

Emergency phone: _____ T-Shirt size: _____

Are you a CAMC Employee? Yes

Have you ever run a 5K? Yes No If Yes, how many approximately and best time? _____

Which location do you plan to attend (circle one):

1) Charleston- Magic Island Tuesday 6pm 2) Teays Valley- Valley Park Tuesday 6pm

3) Princeton Senior High Track Tuesday 6 pm 4) Kenova Tuesday 6pm

5) Teays Valley- Valley Park Tuesdays 10 am for women only

Informed Consent:

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise, which can enhance the musculoskeletal and cardiorespiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well being and hold harmless of any responsibility Matthew T. Young. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Signature: _____ Date: ____/____/____

There are no refunds: Please mail completed form and consent and \$85 registration fee (\$75 for Genesis Alumni) \$25 for children 14 and under with a parent to: Matt Young, 9 Magnolia Lane, Hurricane, WV 25526. **Checks payable to Genesis Running, LLC**

Additional donation to Young Life TM \$ _____