



BRAT TROT 5K REGISTRATION FORM

Participant Information Name: _____ Date(s): _____

Street Address: _____ Age: _____ Sex: _____

City: _____ State: _____

Zip: _____ Cell Phone: _____

1. Entry Fee: \$30 _____ Cash _____ Check _____
One T-shirt with each registration: (circle size) YS YM YL XS AS AM AL AXL *XXL *XXXL
*\$2 additional for sizes XXL & XXXL

**T-shirt is ONLY guaranteed for registrations received prior to May 10.

T-shirts available for late registration as available.

Mail registration form to: Sacred Heart Rectory, 333 NE Freeman Ave, Topeka KS 66616 Attn: Cindy Schneider, Germanfest Brat Trot 5K 2024

Packet Pickup is at Sacred Heart Church, Friday, May 24, 5-7 pm or the morning of the race, Saturday, May 25, 7-7:30 am at Santa Fe Park, 1500 NE Division, Topeka KS

Race will be held rain or shine. Refunds not available.

2. Please read and sign the Risk and Waiver of Liability Statement carefully and in its entirety. It is a binding, legal document. If a registrant is under the age of 18 or over the age of 18 and has a legal guardian, this form must be signed by the registrant, as the participant **AND by a parent or legal guardian.**

3. I understand Germanfest Brat Trot 5K 2024 is a road and trail race/run and is a potentially hazardous activity. I also understand that I should not participate unless I know that I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to, traffic on the course route, falls, contact with other participants, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, and objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge Sacred Heart - St Joseph Parish, its volunteers, and sponsors, and anyone else acting for or on behalf the Germanfest BRAT TROT 5K 2024 from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I grant full permission to Germanfest BRAT TROT 5K 2024 and/or any person or entity authorized by it to use my name, image, date of birth, finish place, and finish time in the public domain. I further grant full permission for Sacred Heart - St Joseph Parish, to use any photographs, recordings, or any other record of this event for any purpose. **My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.**

Emergency Contact Name: _____ Telephone: _____ - _____ - _____

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: _____ Date: _____ - _____ -2024

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE or with LEGAL GUARDIAN:

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the Germanfest Brat Trot 5K 2024. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the Germanfest Brat Trot 5K 2024, and I hereby give my consent for participation by my dependent, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend the Sacred Heart - St Joseph Parish from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____ Date: _____ - _____ -2024

Benefit for: Sacred Heart - St. Joseph Parish
Supporting: Holy Family Catholic School and Hayden Catholic High School