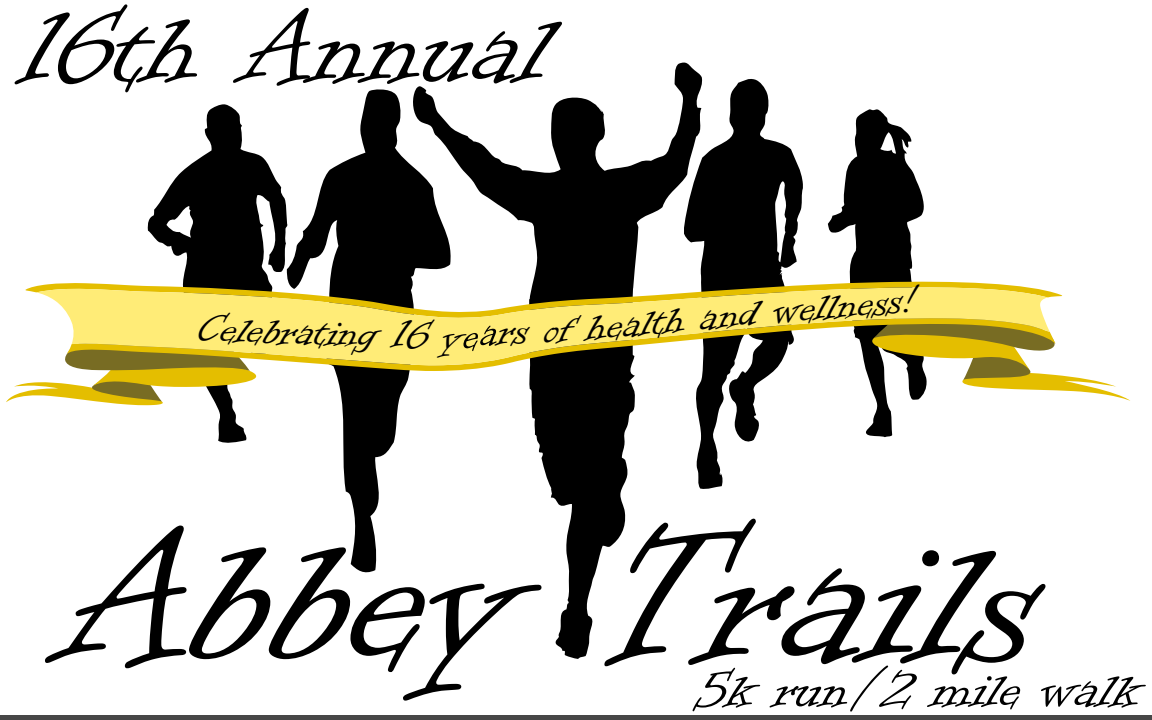

Official Registration Form

(Please fill this out, print it and mail it in with your registration fee.)

Name: First Middle Last

Address: Street Address

City: City State: State Zip: Zip Code

Phone: _____ Email Address: _____

Event: (Check one) ☐ 5K Run ☐ 2-Mile Walk

Estimated walk time: Minutes minutes and Seconds seconds

T-Shirt Size: (Check one) ☐S ☐M ☐L ☐XL Sex: ☐M ☐F Age: Years

Donation Enclosed for Conception Seminary College $ Donation Amount

☐ Please send me more information about Conception Abbey and Conception Seminary College.

*If walking, estimated time is required

**Age is required in order for application to be processed

Waiver: In consideration of accepting this entry, the undersigned to be legally bound hereby, for myself, my heirs, executors and administrators assigns, waives, releases, discharges and covenants NOT TO SUE Conception Abbey, Conception Seminary College, event director, event workers and volunteers, all cities, counties, districts, public agencies, and/or states in which the event is held, from any and all claims of liability for death, personal injury or personal damage of any kind or nature whatsoever arising out of or in the course of my participation of this event. The release and waiver extends to all claims of every kind or nature whatsoever, foreseen, known or unknown.

Signature: _____

Parent's Signature: _____

(If participant is under 18 years of age)

Date: _____

Applications are not accepted unless this disclaimer is signed.

Fill out the form,print, and mail along with your registration fee to:

Abbey Trails • P.O. Box 501 • Conception, MO • 64433

PRINT