



Saturday, December 1, 2018
 UVI – Brewers Beach Area
 7:30 a.m. Start Time

Registration Form

 First Name Last Name

 Mailing Address

 Phone Number Email Address

 Age Gender: Male or Female I am a person with a disability participating with a mobility device.

Additional Registrants from the Same Family:

_____ Name	_____ Name
_____ Age gender: Male or Female	_____ Age gender: Male or Female
_____ Name	_____ Name
_____ Age gender: Male or Female	_____ Age gender: Male or Female

Before November 16, 2018
 Adults: \$15
 Children: \$6
After November 16, 2018:
 Adults: \$20
 Children: \$8
Registration Total: _____
 _____ Cash
 _____ Check, made payable to
 "All Saints Cathedral School"

****There is a special rate for groups of 10 or more. Please contact us ****

Each participant registered prior to November 16, 2018 will receive an official "Run with the Vikings" T-Shirt. All finishers will receive a custom medal. Trophies will be given to top finishers in each category.

Please indicate total number of shirts:

Youth Size: ___ S ___ M ___ L **Adult Size:** ___ S ___ M ___ L ___ XL ___ 2XL

Please read and sign waiver. Return with registration and cash or check made payable to "All Saints Cathedral School".

In consideration of being allowed to participate in the All Saints Cathedral School "Run with the Vikings" (hereinafter the "Event"), and intending to be legally bound, I hereby for myself, my heirs, executors, administrators and assigns, waive and release all rights and claims for damages which I may have now or in the future against All Saints Cathedral School, arising out of or relating in any way to the Event, including all claims for personal injuries and/or property damage sustained by me before, during, or after said Event, whether caused or alleged to be caused in whole or in part by the negligence of All Saints Cathedral School or otherwise. I also hereby covenant not to sue All Saints Cathedral School for any matter arising out of or connected with the Event. I recognize that the Event involves activities that are physically demanding and which carry a possibility of serious injury, including permanent disability or death. I hereby warrant and represent to All Saints Cathedral School: (a) that I am physically and emotionally fit and sufficiently trained to participate in and complete the Event; (b) that I knowingly and voluntarily assume all risk and responsibility whatsoever associated with my participation in the Event; and (c) that I have carefully read and fully understand this Waiver and Release and willingly agree to all of the conditions and obligations set forth herein. I also give permission for the use of my name and picture in any broadcast, telecast, and/ or print media of this event.

____ I am the legal guardian of the minor(s) participating ("the Participant") identified above. I certify that I consent to his/ her participation in the Event. I have read the forgoing waiver agreement, and I hereby agree on behalf of myself and the Participant to all of its terms.

 Participant/Legal Guardian Printed Name Participant/Legal Guardian Signature Date

Please mail completed form to PO BOX 308, St. Thomas USVI 00804
 For questions please call 340-774-0231 or email aselliott@allsaintsvi.org
 Event Day Registration is available, starting at 6:30 am.