



Kinship's 2019 Amazing Chase

Saturday, June 15th, 2019

@ Heartland Park Pavilion, Park Rapids, MN

Registration, Mandatory Chase Meeting 1:00 PM, Shotgun Start 2:00 PM
4:00 PM Final Event Challenge & Awards

Kinship, area businesses & community organizations are teaming up to host the 8th Annual Kinship Amazing Chase.

"All proceeds go to support youth mentoring in the Park Rapids Area"

Gather 4-6 friends or family members to compete in challenges located around the Park Rapids community. Each team is required to have at least two contestants 16 years old or older. Be prepared to provide your transportation between events and receive updates throughout the race via text messages.

Fruit, snacks and beverages will be available at Heartland Park immediately before & after the final challenge.

- **Your team could win up to \$1000! \$500 for the first place team!** All teams are automatically entered to win The Bonus Drawings: 1 - for \$300, and 2 - for \$100 each.
- The first 6 teams to turn in registration and money will get an additional entry in the bonus drawing.
- Your team will get one additional entry in the bonus drawing for every \$50.00 above the registration fee you donate.
- Your team will get an additional entry in the bonus drawing for every team you recruit!

Team Registration – DUE BY JUNE 10TH

Team Name: _____ Team Captain: _____

Phone #: _____ Email Address: _____

Mailing Address: _____ Cell Phone #: _____

	Full Name	Date of Birth	T-Shirt Size
1.	_____	__/__/____	_____
2.	_____	__/__/____	_____
3.	_____	__/__/____	_____
4.	_____	__/__/____	_____
5.	_____	__/__/____	_____
6.	_____	__/__/____	_____

Gather your team and start collecting donations today! Limited number of teams!

Registration min. \$250. Early registration & every extra \$50 increases your chance to win the bonus drawings!

Please see the attached pledge form and waiver. Every team member must complete a waiver.

Minors under the age of 18 must have completed waiver signed by parent/legal guardian.

Total amount enclosed: \$ _____ Mail Registration, waiver forms and donations to:

Kinship of the Park Rapids Area, PO Box 282, Park Rapids, MN 56470



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Sponsored by Kinship of the Park Rapids Area, local businesses and community organizations.

Donation Form

\$50 non-refundable deposit to hold your place; \$250 total minimum donation per team **DUE June 10th**

Team Name: _____

Contact Name: _____ Phone #: _____

Email Address: _____

PLEASE FILL OUT FORM COMPLETELY

Please pay at time of pledge.

Donations will benefit Kinship of the Park Rapids Area local youth mentoring program.

Make checks payable to "Kinship". Thank you for your support!

Amount Donated

- Name _____

Address _____ Email: _____

- Name _____

Address _____ Email: _____

- Name _____

Address _____ Email: _____

- Name _____

Address _____ Email: _____

- Name _____

Address _____ Email: _____

- Name _____

Address _____ Email: _____

- Name _____

Address _____ Email: _____

- Name _____

Address _____ Email: _____

- Name _____

Address _____ Email: _____

Total Amount of Donations: _____



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Accident Waiver and Release of Liability

(One form for each participant)

I acknowledge that Kinship of the Park Rapids Area's Amazing Chase can test a person physically and mentally and carries with it the potential for property loss, injury and death. The risks include but are not limited to those caused by terrain, facilities, temperature, weather, physical condition of the participants, lack of hydration, volunteers, spectators, event officials and event monitors, and producers of the event.

I certify that I am physically fit for the event and have not been advised otherwise by a medical person.

I hereby consent to receive medical treatment such as may be deemed advisable in the event of injury, accident and/or illness during the event.

I understand that during this event I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by event holders, producers, sponsors, organizers and/or assigns.

This Accident Waiver and Release of liability shall be constructed broadly to provide release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its content.

Print Name: _____

Signature: _____ Date: _____

Parent/Guardian (if under 18): _____