

JOIN FAMILY LIFE CENTER FOR A

REGISTRATION

\$25

EACH

PRAYER WALK

**INVITE FRIENDS
AND FAMILY TO
SUPPORT FLC**



**EARN SOME
PRAYER WARRIOR
SWAG**

A TIME FOR PRAYER AND REFLECTION

**WE WILL PRAY FOR THE UNBORN, MOTHERS, FATHERS AND
THOSE LOST WHO ARE IMPACTED IN OUR COMMUNITIES.**

DACEY TRAIL

**FOREST PARK
NORTH 9TH ST, SHELBYVILLE**

TREK TRAIL

**EFFINGHAM PERFORMANCE CENTER,
1325 OUTER BELT WEST, EFFINGHAM**

**SATURDAY
APRIL 26, 2025**



**SATURDAY
MAY 10, 2025**

**8:30 AM CHECK IN ON DAY OF WALK (TURN IN PLEDGES)
9:30 AM START**

Prayer Walk Registration Form

First name: _____ Last name: _____

Age on day of walk: _____ Gender: Male Female

Email: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

Choose Your Race Location: Shelbyville - April 26 at 9:30am Effingham - May 10 at 9:30am

Choose a Race Type Below:

Prayer Walk Warrior (*Shirt Included - Pledge Forms Attached - see details on next page*)

T-shirt size (Adult and Youth Sizes): *Shirt Deadlines are 4/11 for Shelbyville | 4/25 for Effingham*

S M L XL XXL YS YM YL YXL

Waiver

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during, or after the event. I recognize, intend, and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims that I might have based on any of those and other risks typically found in running a road race. I acknowledge that I know and understand all such risks. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury, or medical emergency arising during the event, I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic, and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment, and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice, and images of myself in any photographs, motion pictures, results, publications, or any other print, videography, or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non-transferable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

By checking this box, I agree to the waiver above

Primary Signature (parent/guardian if under 18): _____ **Date:** _____

Make Checks Payable to Family Life Center (Mail checks or drop by the office prior to race day)

Shelbyville - 225 E South 1st St, Shelbyville, IL 62565

Effingham - 605 Eden Ave, Effingham, IL 62401

PRAYER WARRIOR PLEDGE FORM

MY GOAL _____ TOTAL PLEDGES _____

JOIN US WHEN HOW

as we reflect and pray for our center, the families we touch, the unborn we save and those who have experienced infant lost.

Prayer Walk starts after the 5K at 9:30 a.m.

Here's what you need to know:

- ✔ Register online or mail in your form with a \$25 registration fee. *You can also set up a team online and share your link for others to donate directly to your \$\$ goal.*
- ✔ Ask **EVERYONE** you know to partner with you. You will be amazed how many people say **YES!!**
- ✔ Please turn in completed information with the full name, address, email address and phone number of your partners. This will make our billing process easier. If you cannot come to the walk, please *drop your forms off at the office NO LATER than the Monday after the race day.*
- ✔ No need to collect any money as we handle the billing for anyone unable to pay at the time of their pledge (\$20 minimum for us to bill, please)

BONUS

EVERY prayer warrior pledger will receive a FREE T-Shirt (included with registration)

- ✔ \$250 Pledged earns FLC Prayer Warrior Umbrella
- ✔ \$500 Pledged earns FLC Prayer Warrior Bluetooth Speaker
- ✔ \$750 Pledged earns FLC Prayer Warrior 1/4 Zip Sweatshirt
- ✔ \$1000 Pledged earns FLC Prayer Warrior Insulated Fliptop Cup

Please print clearly. Make all checks payable to Family Life Center.

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Pledge Form Continued

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Thank you for your support of the Family Life Center!