

**2009 Ablaze! Torch Relay: For the Heart of Michigan
 Runner/Walker Registration Form
 (Youth Form)**



From June 18 – 28 over 100 runners and walkers will take turns carrying a torch from church to church through the heart of Michigan, for the heart of Michigan sharing the Gospel of Jesus Christ with individuals and communities throughout the State. Evangelism rallies featuring Rev. Bill Yonker (20th-27th) and David Paul Britton (18th, 19th, and 28th) will be held each evening at 6:00 p.m. This year, the relay will conclude on June 28 at the Michigan District Convention in Ann Arbor.

Experienced runners and walkers are invited to participate as torch-bearers for this event. Each participant must be able to run or walk his/her distance within the allotted time, along secondary roads, under a variety of weather conditions, and on uneven surfaces. All runners/walkers will be responsible for their own transportation to and from their selected start and finish point. While there is no charge for participation, each torch-bearer is encouraged to solicit financial pledges in support of **The Future is Now** in partnership with **Fan into Flame**, a joint campaign of the Michigan District and LCMS World Mission working to spread the Gospel of Jesus through mission development in the Michigan District, professional church worker scholarships, and international ministries. The torch relay will concentrate on the mission development and international ministry initiatives of the campaign. Additionally, all participants **MUST** watch an instructional video online prior to their run.

*(Please complete this form by **June 5** and mail/fax to the address/number below.)*

NAME _____ SHIRT SIZE _____
(S - XXL)

ADDRESS _____
(Street)

(City) (State) (Zip)

PHONE (HOME) _____ *PHONE (CELL) _____

*EMAIL _____

CONGREGATION _____
(Church) (City)

* Your email and cell phone number will allow us to have immediate communication with you before, during, and after the event. Thank You!

I am interested in running/walking a leg of:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> 2 ½ miles (30 min) | <input type="checkbox"/> 15 miles |
| <input type="checkbox"/> 5 miles (1 hour) | <input type="checkbox"/> 20 miles |
| <input type="checkbox"/> 10 miles (2 hours) | <input type="checkbox"/> 25 miles |

(Continue on Back)

My preferred day(s) to participate is(are) marked below. (*Specific running times will be determined at a later date*)

- 6/19 Trinity, St. Joseph to Trinity, Paw Paw
- 6/20 Trinity, Paw Paw to St. Mark, Kentwood
- 6/21 St. Mark, Kentwood to St. Peter, Big Rapids
- 6/22 St. Peter, Big Rapids to St. John, Midland
- 6/23 St. John, Midland to St. Lorenz, Frankenmuth
- 6/24 St. Lorenz, Frankenmuth to Our Savior, Bad Axe
- 6/25 Our Savior, Bad Axe to Trinity, Port Huron
- 6/26 Trinity, Port Huron to Historic Trinity, Detroit
- 6/27 Historic Trinity, Detroit to St. Matthew, Walled Lake
- 6/28 St. Matthew, Walled Lake to Concordia University Ann Arbor

Minor's Name: _____ Birth date: ____/____/____

I agree to be a participant in the 2009 *Ablaze!* Torch Relay and to be at my appointed location at the appointed time. I understand that I am responsible for arranging a ride for drop-off and pick-up.

Minor's Signature: _____ Date: _____

To Be Completed by Parent or Guardian

I agree to the participation of _____ (youth's name) in the 2009 *Ablaze!* Torch Relay. I authorize the representatives of the Michigan District to consent to any needed medical or dental care necessary for the welfare of the above named youth extended only upon the advice of a licensed Medical Doctor or a Doctor of Dentistry. I will indemnify and hold harmless the Michigan District, officials, sponsors, organizations and their employees, agents, officers, and directors connected with the "*Ablaze!* Torch Relay: For the Heart of Michigan" for injury or illness which may directly or indirectly result from participation in this event. I attest that I have full knowledge of the risks involved in this event and that the participant is physically fit and sufficiently trained to participate. I authorize the Michigan District to use photographs of my youth for purposes of legitimate Michigan District records, advertising, and/or public relations

Allergies or Special Conditions: _____

Emergency Contact: _____ (_____) _____
(Name / Relationship) (Phone Number)

Emergency Contact: _____ (_____) _____
(Name / Relationship) (Phone Number)

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

MAIL TO: Michigan District, LCMS *Or* **FAX TO:** 734.665.0255
Attn: *Ablaze!* Torch Relay
3773 Geddes Road
Ann Arbor, MI 48105

QUESTIONS? CONTACT: REV. DAVID DAVIS - 517.243.1175
OR VISIT: WWW.ABLAZERELAY.ORG

