

“Hear to Win” 5k Walk/Run



*Organized by: The Travelers Protective Association of America
Post SC – St. Charles – Missouri Division*

When: August 31, 2019

Where: Woodlands Sports Park, 1 Woodlands Pkwy, St. Peters, MO 63376

Time: Registration begins at 8:00 am and event starts at 9:00 am

Registration at the event will begin at 8:00 a.m. with participants starting the course at 9:00 a.m. Registration is \$25 person.

The Scholarship Trust for the Hearing Impaired (“Trust”) was formed in 1975 to provide financial aid to individuals who are deaf and hard of hearing by providing assistance in obtaining mechanical devices, treatment or specialized education such as speech classes, note takers, interpreters, etc., and in other areas to help the deaf and hard of hearing. The Trust is supported by gifts and contributions, and from the income earned on investments of Trust funds. All contributions to the Trust are tax deductible, as defined under the Internal Revenue Code for 501(c)(3) organizations.

If you would like to make a contribution to the Trust please contact Paula Shoemaker at tpa.sc.modiv@gmail.com or by donating online at www.tpahq.org. Click on the Donate button at the top of the page, click on Events, from the events dropdown box select Post SC 5k.

Over \$2 million dollars has been distributed to more than 5,800 recipients and more than 99% of the income earned on investments and donations has been awarded to recipients through the Trust since inception. To learn more about the Scholarship Trust for the Hearing Impaired visit www.STGrants.org.

Please complete this form in its entirety.

Name _____
Address _____
City _____
State _____
ZIP _____
Email _____
Phone _____



I, _____, for myself, my heirs and executors, in the consideration of any participation in the “Hear to Win” Walk/Run for Post SC and the Scholarship Trust for the Hearing Impaired, hereinafter called the Event, hereby release and hold harmless the Trust, The Travelers Protective Association of America, Post SC – Missouri Division, the City of St. Peters, sponsors and their directors, officers, employees, volunteers and/or agents, collectively called the Event Group, from any and all claims for damages or injuries which I may suffer in connection with the Event. I give my consent for the Event Group to use my name, likeness, voice, photos, recordings or videos taken or any other publicity including me in the Event.

Signature of Participant _____ Date _____

Signature of Parent _____ Date _____

(Required if participant is under the age of 18)