

5K

Run / Walk

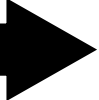
HOLY SNEAKERS!



Saturday,
August 26, 2017
7:30 am



Register at www.stjoeleb.org

or register on back 

HOLY SNEAKERS!



5K Run / Walk Registration Form

St. Joseph Catholic Church
319 E South St
Lebanon, IN 46052

Saturday, August 26, 2017
7:00 AM: Event Day Check-In / 7:30 AM: 5K Starts

ENTRY FEES

Pre-registration

(Must register by August 16 to be guaranteed a t-shirt)

- \$15 Individual pre-registration
- Family Pre-registration (3+ Members)
 - \$15 first two family members each
 - \$10 each additional family member

Late Registration (Day of Event)

- \$20 Individual registration
- Family registration (3+ Members)
 - \$20 first two family members each
 - \$10 each additional family member

___ 5K Individual Entry

___ 5K Family Entry (3+ Members)

Please complete a registration form for each family member.

___ I am not able to participate in this race but please accept my donation \$ _____

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS _____

If the event is cancelled we will notify all participants by email.

Age: ___ 20 and Under ___ 21 - 40 ___ 40 and Over Gender: ___ M ___ F

T-Shirt Size (Please Circle): YS YM YL AS AM AL AXL

Please send payment and make checks payable to:

St. Joseph Church
PO Box 309
Lebanon, IN 46052

The Holy Sneakers!! 5K Run / Walk will take place rain or shine. Organizers reserve the right to cancel the event should weather pose a danger to the safety of the participants and volunteers. Entry fees are not refundable and will be consider a donation.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK:

In consideration of the foregoing, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any of the sponsors, organizers, Town of Lebanon, St. Joseph Catholic Church, their employees, contractors, volunteers for any and all claims of damages, demands or loss actions whatsoever which may arise as a result of my participation in this event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor. I also understand the unique nature of this running event. Further, I grant full permission to any and all of the foregoing to use my likeness for any legitimate purpose whatsoever. I grant full permission for race pictures to be used for publicity of the event.

Signature of Applicant _____ Date _____ Signature of Parent (if under 18) _____ Date _____

Please no pets, bikes, scooters, rollerblades, skates or skateboards. Strollers are welcome.