

St. Pat's Annual 5K Run
Keep
the
faith



Please bring to race on race day or to pre-register send to: St. Patrick School 110 Willow, Joliet IL 60436.(Must be received by 9/8/10)

Individual or Family (up to 4) Pre-registration \$20 /\$30 Race day Registration \$25/\$35

Name _____
Address _____
City _____ State _____ Zip _____
Primary phone _____ Emergency name & number _____
Birth date _____ Gender: M F Email _____
T-shirt size (circle one): S M L XL (paying participant only while supplies last)

Waiver and Release

The above name **ACTIVITY PARTICIPANT OR FACILITY USER** agrees to defend, protect, indemnify and hold harmless the above named **PARISH/SCHOOL** against and from all claims arising from the negligence or fault of the above named **ACTIVITY PARTICIPANT OR FACILITY USER** of any of their agents, family members, officers, volunteers, helpers, partners, organizational members or associates which arise out of the above named **ACTIVITY OR USAGE** at the above named **PARISH/SCHOOL**.

Additionally, the above named **ACTIVITY PARTICIPANT OR FACILITY USER** agrees to protect, defend, hold harmless and fully indemnify the above named **PARISH/SCHOOL** for any claim or cause of action whatsoever arising out of the above mentioned **ACTIVITY OR USAGE** which takes place during the above identified **DATE(S) OF ACTIVITY OR USAGE** that is brought against the **PARISH/SCHOOL** by the above named **ACTIVITY PARTICIPANT OR FACILITY USER** or their family members whether such claims arises from the alleged negligence of the **PARISH**, its employees or agents or **ACTIVITY PARTICIPANT** or **FACILITY USER'S** negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

I understand and agree to the waiver and release

Signature of participant _____
Parent/Guardian signature (if less than 18 years of age) _____

- ☛ Check (Make checks payable to: St Patrick School (Your check is your receipt.)
- ☛ Cash

Total amount _____

Please fill out 2nd page for additional participants for family entry

Name _____
Birth date _____ Gender: M F Email _____ T-shirt size (circle one):
Child (one size) Adult S M L XL XXL (paying participant only while supplies last)

I understand and agree to the waiver and release

Signature of participant _____
Parent/Guardian signature (if less than 18 years of
age) _____

Name _____
Birth date _____ Gender: M F Email _____
T-shirt size (circle one): Child (one size) Adult S M L XL XXL (paying participant only while supplies last)

I understand and agree to the waiver and release

Signature of participant _____
Parent/Guardian signature (if less than 18 years of
age) _____

Name _____
Birth date _____ Gender: M F Email _____
T-shirt size (circle one): Child (one size) Adult S M L XL XXL (paying participant only while supplies last)

I understand and agree to the waiver and release

Signature of participant _____
Parent/Guardian signature (if less than 18 years of
age) _____