HOLY SNEAKERS!

5K Run / Walk Registration Form



Signature of Applicant

St. Joseph Catholic Church

319 E South St Lebanon, IN 46052

Saturday, August 28, 2021

7:30 AM: Event Day Check-In / 8:00 AM: 5K Starts

Lebanon Memorial Park

Near Baseball Field

Register Online at: http://getmeregistered.com/HolySneakers5K

ENTRY FEES

Pre-registration	Late Registration (Da)	y of Event)	
(Must register by August 16 to be guaranteed a t-shirt)	\$25 Individual reg	istration	
\$20 Individual pre-registration	Family registration	n (3+ Members)	
Family Pre-registration (3+ Members)	\$25 first two family		
\$20 first two family members each	\$15 each additiona	al family member	
\$15 each additional family member	1		
	Family Entry (3+ Member		
	e complete a registration form for e	ach family member.	
I / We will participate	_		
I am not able to participate in this race but please	e accept my donation $_{_}$		
NAME:			
ADDRESS:CITY:	STATE:	ZIP:	
CELL PHONE:	(to be used only in the	(to be used only in the event of cancellation)	
EMAIL ADDRESS			
If the event is cancelled we will notify all participants by email/text messa	ge via Flocknote. Standard text	message rates apply.	
The state of the s	3	J	
Age: 20 and Under 21 - 40 41 and Over	Ger	nder:MF	
T-Shirt Size (Please Circle): YS YM YL AS AM AL AX	ζL		
Please send payment and make cl	hecks pavable to:		
St. Joseph Church			
ATTN: Holy Sneakers			
319 É South St			
Lebanon, IN 46052	2		
The Holy Sneakers!! 5K Run / Walk will take place rain or shine. Organizers r	reserve the right to cancel the ev	vent should weather pos	
a danger to the safety of the participants and volunteers. Entry fees are	_	_	
WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION O	F DICT.		
In consideration of the foregoing, I, for myself, my heirs, executors and adr		any and all rights and	
claims for damages I may have against any of the sponsors, organizers, Tov			
Church and the Diocese of Lafayette-in-Indiana, their employees, contracto			
demands or loss actions whatsoever which may arise as a result of my parti			
physically fit and have sufficiently trained for the completion of this event a			
licensed medical doctor. I also understand the unique nature of this running			
	g cvciii. i ui iiici, i giaiii iuii bc	rmission to any and all	
of the foregoing to use my likeness for any legitimate purpose whatsoever.			
of the foregoing to use my likeness for any legitimate purpose whatsoever. publicity of the event.			

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

Date

Signature of Parent (if under 18)

Date