

# ST. JOHN THE BAPTIST SOLE CHALLENGE REGISTRATION

Family Zip Code \_\_\_\_\_

Family Email \_\_\_\_\_

1. Last Name \_\_\_\_\_

3. Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

1 mi \_\_\_\_\_ 2.5 mi \_\_\_\_\_

1 mi \_\_\_\_\_ 2.5 mi \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_YS \_\_\_\_\_YM \_\_\_\_\_YL \_\_\_\_\_AS  
\_\_\_\_\_AM \_\_\_\_\_AL \_\_\_\_\_AXL \_\_\_\_\_AXXL

T-Shirt Size: \_\_\_\_\_YS \_\_\_\_\_YM \_\_\_\_\_YL \_\_\_\_\_AS  
\_\_\_\_\_AM \_\_\_\_\_AL \_\_\_\_\_AXL \_\_\_\_\_AXXL

## Survivor Challenge (6th-8th grade only)

## Survivor Challenge (6th-8th grade only)

Do you have a team \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a team \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes Team name \_\_\_\_\_  
*(teams must have 5 members each)*

If Yes Team name \_\_\_\_\_  
*(teams must have 5 members each)*

If No you will be placed on a team and notified.

If No you will be placed on a team and notified.

2. Last Name \_\_\_\_\_

4. Last Name \_\_\_\_\_

First Name \_\_\_\_\_

First Name \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

1 mi \_\_\_\_\_ 2.5 mi \_\_\_\_\_

1 mi \_\_\_\_\_ 2.5 mi \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_YS \_\_\_\_\_YM \_\_\_\_\_YL \_\_\_\_\_AS  
\_\_\_\_\_AM \_\_\_\_\_AL \_\_\_\_\_AXL \_\_\_\_\_AXXL

T-Shirt Size: \_\_\_\_\_YS \_\_\_\_\_YM \_\_\_\_\_YL \_\_\_\_\_AS  
\_\_\_\_\_AM \_\_\_\_\_AL \_\_\_\_\_AXL \_\_\_\_\_AXXL

## Survivor Challenge (6th-8th grade only)

## Survivor Challenge (6th-8th grade only)

Do you have a team \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a team \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes Team name \_\_\_\_\_  
*(teams must have 5 members each)*

If Yes Team name \_\_\_\_\_  
*(teams must have 5 members each)*

If No you will be placed on a team and notified.

If No you will be placed on a team and notified.

Total number participants for family: \_\_\_\_\_

(Please attach additional Entry Form if necessary)

**MUST COMPLETE WAIVER ON REVERSE SIDE  
ADULT SIGNATURE REQUIRED FOR PARTICIPANTS UNDER AGE 18**

**Cost: Adults \$15, Students \$10 OR Family \$50**  
Race Fee should not exceed \$50 per family)

- Checks Made Payable to St. John the Baptist School with signed waiver (on back)
- Due by April 10th - Shirts are only guaranteed for registrations received by April 10th
- Return to ST JOHN THE BAPTIST SCHOOL, 725 Frame Road, Newburgh IN 47630



**ALL PARTICIPANTS MUST AGREE TO THIS WAVIER:**

I know that running or walking a road or trail race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also know that, although police protection will be provided, there will be traffic on the course route. I assume the risk of running into traffic.

I also assume any and all other risks associated with running in the Sole Challenge Run/Walk, participating in the Survivor Challenge and the Wellness Fair including but not limited to falls, contact with other participants and weather and condition of roads. All such risk being known and appreciated by me knowing these facts, and in consideration of SJB School and Parish accepting my entry, I hereby for myself, my heirs, executors, administrator and any one who might claim in my behalf, covenant not to sue, and wavier release and discharge all sponsors, the State of Indiana, Town of Newburgh, Warrick County, St John the Baptist Catholic Parish and School, race officials and volunteers, any and all claims of liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of my participation.

This release and wavier extends to all claims of every kind or nature whatsoever, for reasons foreseen or unforeseen known to unknown.

The Undersigned wavier grants full permissions to all sponsors and/or agents by them to use my photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

Applications for minors (18 AND UNDER) will be accepted only with parent's signature.

This event will be held, rain or shine.

**T-Shirts and packets will not be available after May 8th, 2014.**

---

**ALL PARTICIPANTS MUST SIGN HERE**

Signature of Participants:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Parent's signature if minor: \_\_\_\_\_