ST. JOHN THE BAPTIST SOLE CHALLENGE REGISTRATION

Family Zip Code_____

Family Email _____

1. Last Name_____

First Name_____

Female _____ Male _____

Birthdate _____/_____/_____ Grade _____

1 mi _____ 1.9 mi _____

T-Shirt Size: ____YXS ____YS ____YM ____YL

____AS ____AM ____AL ____AXL ____AXXL

____ Registration only (participant does not want a t-shirt)

Survivor Challenge (6th-8th grade only)

Do you have a team _____Yes _____No

If Yes Team name _____

(teams must have 5 members each)

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

3. Last Name_____

First Name_____

Female _____ Male _____

Birthdate _____/_____/_____ Grade _____

1 mi _____ 1.9 mi _____

T-Shirt Size: ____YXS ____YS ____YM ____YL

____AS ____AM ____AL ____AXL ____AXXL

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2. Last Name_____

First Name_____

Female _____ Male _____

Birthdate _____/_____/_____ Grade _____

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(teams must have 5 members each)

4. Last Name_____

First Name_____

Female _____ Male _____

Birthdate _____/_____/_____ Grade _____

1 mi _____ 1.9 mi _____

T-Shirt Size: ____YXS ____YS ____YM ____YL

____AS ____AM ____AL ____AXL ____AXXL

____ Registration only (participant does not want a t-shirt)

Survivor Challenge (6th-8th grade only)

Do you have a team _____Yes _____No

If Yes Team name _____

(teams must have 5 members each)

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 $17, Students $12 OR Family $60
Race Fee should not exceed $60 per family)

- Checks Made Payable to St. John the Baptist School with signed wavier (on back)
- Due by April 15th - **Shirts are only guaranteed** for registrations received by April 15th
- 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 Fitness 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 6th, 2016.

ALL PARTICIPANTS MUST SIGN HERE

Signature of Participants:

1._____ 2._____

Date_____ Date_____

3._____ 4._____

Date_____ Date_____

Parent's signature if minor: _____