

# Saints on the Run 5K Run/Walk



**Saturday, Sept. 14, 2019**

**Kokomo, Indiana**

## **Preregistration Cost** (by 9/7)

\$20 per adult (15 years & older)

\$15 per youth (14 years and under)

\$5 FUN RUN! (up to age 6) (no T-shirt)

\$55 Family Rate (living in same household)

## **Late Registration Cost** (after 9/7)

\$25 per adult (15 years & older)

\$20 per youth (14 years and under)

**T-shirts and goody bags** guaranteed for 5K participants registered by 9/7

**Friday, Sept. 13:** CARB Load & Packet pick-up at St. Patrick Parish Hall (1204 N. Armstrong)

5–7:30 pm. Spaghetti Dinner featuring Martino's Italian Villa's famous sauce!

**Saturday, Sept. 14** RACE DAY!

- Registration & race day packet pick-up begins at 7:45 am @ St. Joan campus (3155 South 200 West)
- Fun Run at 8:40 am
- 5K Race begins at 9:00 am

Awards given to walkers and runners of varied ages. No pets or strollers; please carry a photo ID!

**Proceeds benefit the Sts. Joan of Arc & Patrick School Arts Program.**

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## Registration Form

Name \_\_\_\_\_

I would like to register for the following 2018 Saints on the Run event (*check one*):

5K Run     5K Walk (*walkers must walk the entire race – no running permitted*)     Fun run! (3–7 years) (no T-shirt)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

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

Your Age on Race Day \_\_\_\_\_

Additional YOUTH WAIVER required if under 18!    Waiver(s) available at [stsjp.org](http://stsjp.org) or [getmeregistered.com](http://getmeregistered.com).

Shirt Size (*circle one*) Child — S M L XL    Adult — S M L XL XXL

Checks payable to STSJP    Include in the Memo Line: SOTR 5K

[Online registration available under event name "Saints on the Run" at [getmeregistered.com](http://getmeregistered.com)]

**Mail your registration form, entry fee, & signed waivers) to: STSJP SOTR 5K, 3155 S CR 200 W, Kokomo, IN 46902**

# Saints on the Run 5K

## WAIVER AND RELEASE OF LIABILITY

Required Participant Release: Knowing that running/walking a race is a potentially hazardous activity, I enter and run/walk this race certifying that I am medically able and properly trained. I also know that there may be traffic on the course route. I assume the risk of running/walking in traffic. I also assume any and all other risks associated with running/walking this event including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, and the condition of the roads/course.

Knowing these facts, and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release, and discharge the SAINTS ON THE RUN 5K RUN/WALK, Saint Joan of Arc Parish, Sts. Joan of Arc & Patrick School, and the Diocese of Lafayette-in-Indiana, the counties, cities and villages in which the race is conducted, any other organization associated with the race, race officials, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for or on their behalf, from any and all claims or liability for death, personal injury, or property damage of any kind or nature arising out of, or in the course of, my participation in this event. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I further grant full permission to the race and any organization conducting the race and/or agents authorized by them to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any purpose.

I have read the foregoing and certify my agreement by my registering for this event. I also certify that I am at least 18 years old and have the ability to agree to the terms contained herein either on my behalf or that of my minor child.

**\* No pets or jogging strollers allowed. Participants should carry/wear a form of photo i.d. \***

**\* Each minor must also have a parental guardian consent form and liability waiver filled out and on file.\***

Please see separate Youth Waiver downloadable from the school website [www.stsjp.org] or the online registration website [search under our event name "SOTR 5K" at <https://secure.getmeregistered.com>], or available in hard copy at either the school or parish offices at either the St. Joan of Arc or St. Patrick campus.

\_\_\_\_\_  
*Print Participant's Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Participant 18 or older*

OR

\_\_\_\_\_  
*Signature of Parent/Legal Guardian if Participant is a Minor under the age of 18\**

*Relationship to Minor:* \_\_\_\_\_

# *Catholic Mutual. . . "CARES"*

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## ATHLETIC AND SPORTING EVENTS

### PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone : \_\_\_\_\_ Business phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
Parent or guardian's name Child's name

to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Joan of Arc Catholic Church, Kokomo, IN . A brief description of the activity follows: \_\_\_\_\_  
Name of parish

Type of event: Saints on the Run 5K Run/Walk

Location(s): St. Joan of Arc Catholic Church, 3155 S CR 200 West, Kokomo, IN 46902

Individuals in charge: Mrs. Heather Weber & Mrs. Therese Bath, parishioners

Duration of activity: Saturday, October 8, 2016, 8:00 am - Noon

Mode of transportation to and from event: Self

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Joan of Arc Catholic Church , its officers, directors and agents,

Name of parish

and the Diocese of Lafayette-in-Indiana , coaches, chaperons, or representatives associated  
(Arch)Diocese

with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Lafayette-in-Indiana , coaches, chaperones,

(Arch)Diocese

or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Of the following statements pertaining to medical matters, sign only those that are applicable.)

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Lafayette-in-Indiana , coaches, chaperones, or (Arch)Diocese representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medications:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

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