

**REGISTRATION OPENS: 7:30AM** 

The Feast Day 5K (Run/Walk) is back and the race will be held in memory of Jeffrey Tuskan, long time St. Michael Parish parishioner who passed away after a hard-fought battle with cholangiocarcinoma, a rare form of cancer. He fought endlessly against this debilitating disease.

RACE STARTS: 8:00AM

A portion of the money raised during this event will be donated to the TargetCancer Foundation, an institution that funds innovative rare cancer research, such as cholangiocarcinoma as well as St. Michael Parish. Please help us celebrate the life of Jeffrey Tuskan. All are welcome to compete, volunteer, or donate to this year's cause. To donate to this year's Feast Day 5K, visit:

https://FeastDay5K.givesmart.com

## REGISTRATION

Please fill out the form below and sign the waiver and return it to the Parish Office @ 1 E. Wilhelm St. Schererville, IN

ADULT: \$30 CHILD: \$15

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PHONE:								
CITY:			S1	TATE:	ZI!	P:		
ered participant	ts. Those registe	ering on r	ace day w	ill receive	shirts on a	first co	me-firs	t serve basis
_ ML	_ ADULT: S	M	L	_XL	XXL			
<u>Please make</u>	checks payat	ole to St.	Michael	<u>Parish</u>				
in or shine! T	he waiver be	low mu	st be co	mpleted	to partic	ipate	in thi	s event
	ered participan ML <u>Please make</u>	ered participants. Those registo ML ADULT: S Please make checks payal	ered participants. Those registering on r ML ADULT: SM Please make checks payable to St.	ered participants. Those registering on race day w ML ADULT: SML Please make checks payable to St. Michael	ered participants. Those registering on race day will receive MLADULT: SM_L_L_XL Please make checks payable to St. Michael Parish	ered participants. Those registering on race day will receive shirts on a  ML ADULT: SMLXLXXL  Please make checks payable to St. Michael Parish	ered participants. Those registering on race day will receive shirts on a first co ML ADULT: SMLXLXXL Please make checks payable to St. Michael Parish	

by participating in the St. Michael Sk run/walk, I do so at my own risk. I assume all risk of injury, liness, damage, or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during this event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the organizers of this event, its principals, its officers & directors it employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this 'Waiver and Release' and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors.

I AGREE/ SIGNATURE:	DATE: