



CHECK- IN OPENS: 7:30AM

RACE STARTS: 9 AM

The St. Michael Feast Day 5K (Run/Walk) is a tradition that commemorates the memory of parishioners who lost their lives battling cancer or other debilitating illnesses. Although our hearts may never fully heal, we are able to honor them at this bi-annual celebration event. Thomas Campbell, a lifetime parishioner, member of the Music Ministry, husband, and father of two beautiful girls, was a proud Marine who passed away from cancer. This year, we are excited to honor his legacy by donating a portion of the proceeds to the American Veterans Collection. As a veteran, Thomas understood the difference a service dedicated to improving veterans' lives could make. We Run/Walk for those we Lost & to Honor our American Veterans. All are welcome to run, walk, volunteer, or donate to this year's cause.

REGISTRATION - One Form Per Runner/Walker

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

Please make checks payable to St. Michael Parish

ADULT: \$30 CHILD: \$20

___ Cash ___ Check # _____

NAME: _____ Age: _____ GENDER: M or F

EMAIL: _____ Cell: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

*Receive a Free TShirt if you Register by August 29th.

YOUTH: S ___ M ___ L ___ ADULT: S ___ M ___ L ___ XL ___ XXL ___

The event will take place rain or shine! The waiver below must be completed to participate in this event

WAIVER: BY ADDING YOUR SIGNATURE YOU ACCEPT THIS WAIVER AND DISCLAIMER...

Please carefully read this 'Waiver and Release' and fully understand that it constitutes a release of liability. By participating in the St. Michael 5K run/walk, I do so at my own risk. I assume all risk of injury, illness, 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 5K run/walk. 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: _____