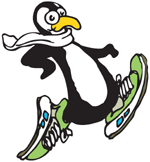
**St. Francis De Sales Catholic School**

 **Penguin Run- 5K and Kids Dash**

**Saturday, May 12th, 2018**

**500 Camden Ave., Salisbury, MD 21801**

 **Blessing of the Runners begins at 8:20 am**

**Registration Form**

**Register by credit card online at http://www.active.com** **or**

**Send this completed form with check to: St. Francis de Sales Catholic School**

**500 Camden Ave**

**Salisbury, MD 21801**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: Female Male Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Age Group: **U10** **10-14 15-19 20-29 30-39 40-49 50-59 60+**

T-shirt size: YS YM YL AS AM AL AXL A2XL

Event: Kids Dash $5 5K $25 Both $25 Optional Donation $\_\_\_\_\_ TOTAL $\_\_\_\_\_

Child Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of your acceptance of this entry I HEREBY for myself, my heirs, my executors, and administrators, waive any and all rights and claims for damages I may have against TCR Event Management, Wicomico County, The City of Salisbury, St. Francis de Sales, race directors, volunteers and the sponsors, their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest that I am physically fit and able to complete this event. I hereby consent to receive and pay for treatment in the event of my injuries as a result of any accident and/or illness during the event, and will be liable to reimburse the cost of any treatment.