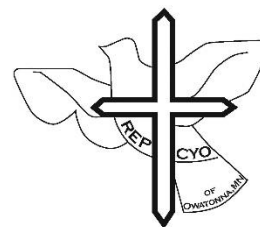


3rd Annual
Spirit Run ~ 5K Run/Walk and 10K Run

REGISTRATION FORM

October 14, 2017



Race Start Time: 9:00 AM Day of Race Registration/T-Shirt Pickup: 8:00 AM Location: Manthey Park ~ Owatonna

Last Name: _____ First Name: _____

5K

10K

Age on 10/14/2017:	0-10/FREE	11-18/\$20	19 & Older/\$25	Registration after 10/6 = \$30
Please Check box:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19 & Older <input type="checkbox"/>

Street Address: _____

City, State, Zip code: _____

Email Address: _____

Emergency Contact and Phone Number: _____

Shirt Size (adult): S M L XL XXL

**The Spirit Run/Walk is a timed race. Registration after 10/6/17 will not be guaranteed a T-Shirt.
 Children ages 0-10 will receive a "Spirit Band" in lieu of a T-Shirt.
 Spirit Run/Walk will be held rain or shine. No refunds will be made.**

WAIVER: The above named Spirit Run/Walk participant agrees to defend, protect, indemnify and hold harmless the CYO/REP Program of Owatonna (understood to include the parishes of Sacred Heart, Owatonna and St Joseph, Owatonna – hereinafter CYO/REP) against and from all claims arising from the negligence or fault of the SPIRIT RUN/WALK participant which arise out of the Spirit Run/Walk located at Manthey Park in Owatonna.

Additionally, the above named Spirit Run/Walk participant agrees to protect, defend, hold harmless and fully indemnify CYO/REP for any claim or cause of action whatsoever arising out of the Spirit Run/Walk which takes place 10/14/17 that is brought against CYO/REP by the above named participant or their family members whether such claim arises from the alleged negligence of CYO/REP, its employees, volunteers, agents, or Spirit Run/Walk participant's negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

The undersigned further grants full permission to the race to use any photos, videotapes, motion pictures, and recordings etc.

Signature: _____ Date: _____
 (Parent/guardian signature if participant is under 18)

**Mail Registration Form with Check payable to Catholic Youth of Owatonna (CYO/REP):
 CYO/REP Office
 730 S Cedar Ave
 Owatonna, MN 55060**