

running with the **RAMS** **5K Run** 2013



Note: This is a 5K Cross Country Course

Registration Form

Participant's Name: _____ Age: _____

Street Address: _____

City: _____ Phone Number: _____

Email Address: _____ Male: _____ Female: _____

Circle Shirt Size: Small Medium Large X-Large XXL

Make Checks Payable to: John Carroll High School Athletics

Participation Fee: \$15 (18 and younger) \$20 (Pre-registered Adults) \$25 (Day of Event)

Mail Registration to the following Address: 3402 Delaware Avenue, Fort Pierce, FL, 34947

* If you would prefer to register online, please visit www.Active.com

Waiver of Liability and Statement of Fitness

In consideration of the acceptance of this entry, I waive any and all claims for myself and my heirs against John Carroll High School, Timing System, and all sponsors for any and all damages, injuries, and/or illness which may directly or indirectly result from my participation. I understand the dangers of long distance running (5K) and consider myself adequately trained and in proper physical condition to participate in this event.

Participant/Parent Guardian Signature: _____

Date: _____

www.johncarrollhigh.com