

2<sup>nd</sup> Annual



Saturday October 20, 2018  
7:30 am Race Time (rain or shine)

## St. Andrew Catholic School 5K

Medals to male and female in following categories:  
Overall, Masters, Grand Masters, Senior Grand Masters

Awards, male and female, in following age groups:  
<10, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, >74

Fees  
\$30 preregistered adults  
\$35 day of race  
\$20 17 yo and under

Race Site  
Rotary Park  
5505 Rose Garden Rd  
Cape Coral, FL 33914

All proceeds to go toward a new Playground at St. Andrew Catholic School

Return Fee w/entry form to  
**The Run Shoppe.**  
1407 Cape Coral Pkwy, 33904

Packet pick-up at the **Run Shoppe**  
1407 Cape Coral Pkwy, 33904  
Friday, Oct 19: 10:30 am-4:30pm

Or sign up at **active.com**

Race Day packet pickup/registration  
6:30-7:30 am on October 20<sup>th</sup>.

Make checks payable to:  
**St. Andrew Catholic School.**



First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age on Race Day \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

T-Shirt size: Child: Small Medium Large Adult: Small Medium Large X-Large

In consideration of participating in a 5K run/walk as part of the "St. Andrew 5K" I hereby, for myself, my heir executors and assigns do waive, release and hold Lloyds of London harmless from all claims or causes of action for damages suffered by me while participating in any activities, whether known or unknown. I understand the reuse for any damages to my property which I sustain while participating in the 5K run as part of the St. Andrew 5K. Further, I acknowledge that I am not considered an Employee for St. Andrew Catholic School Workers Compensation coverage, and that Lloyds of London or St. Andrew Catholic School will not be responsible for any liability arising from any actions or workers compensation benefits for myself, if I should suffer any injury or illness.

**OFFICIAL RACE DAY USE**

Paid:

Check #:

Assigned Bib#

\_\_\_\_\_  
Signature of Athlete or Parent/Guardian

\_\_\_\_\_  
Date