

Registration

\$20 – ages 14 & up

\$10 – ages 13 & under

-Includes a t-shirt (Men's or women's dry weave)

Registration after August 8th

-Does not guarantee a t-shirt

Please make checks payable to St. Peter's Lutheran School. The Sprint with the Spirit 5K race proceeds will be used to fund the 8th grade trip to Washington D.C. in May 2018. Thank you!

Mail your registration form to:
719 5th Street, Columbus, IN
47201

Online:
www.IndianaTiming.com



www.indianatiming.com



St. Peters Lutheran Sprint with the Spirit

Date: Saturday, August 19, 2017

Packet Pick-up and Race Day
Registration is from 7:00 – 7:45 AM in
the St. Peter's Cafeteria.

5K Race begins promptly at 8:00 AM

Location

719 5th Street, Columbus, IN

Participant parking is in the EAST
parking lot on 5th Street, between
Chestnut and California Street.

Course Certified by USA Track & Field

ST. PETER'S LUTHERAN SCHOOL 2017

Course is certified by
USA Track and Field



Sprint with the SPIRIT

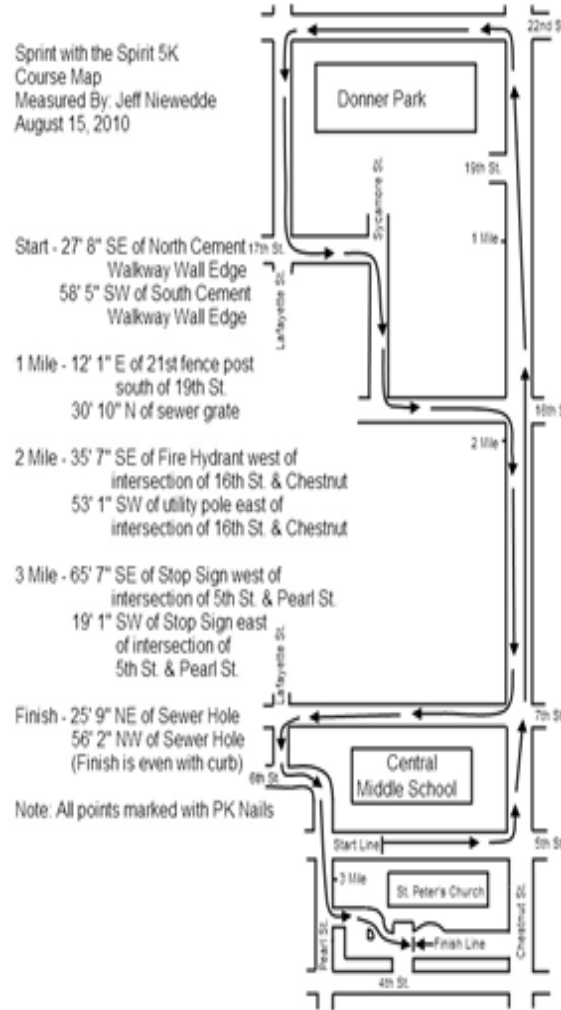
5K Run – 5K Walk Awards

Awards will be given to the Top Male and the Top Female in both the Run and the Walk events.

Age group award winners will also receive prizes. Age groups are 13 & under, 14-19, 20-29, 30-39, 40-49, 50-59, 60 & over.

Results will be announced after the race. Indiana Timing will be timing the event and results will be posted at <http://www.indianatiming.com> by 5 pm same day.

Course Map



REGISTRATION FORM Please print

Name _____

Class _____

Address _____

City _____ State ____ Zip _____

Age ____ Sex ____ Email _____

Emergency Contact _____

Phone _____

T-shirt size:(adult sizes – circle one) S M L XL
XXL Circle One: Men or Women Dry Weave
I plan to participate in the...

5K Run 5K Walk

WAIVER STATEMENT (Please read before signing)

In consideration of your accepting my entry, I hereby release, discharge, and agree to hold free and harmless St. Peter's Lutheran School and Church and any sponsors or organizers of this event, and each of the agents and employees from any and all liability for injuries to property or person suffered by me as a result of my participation in this event. By execution of this waiver, I verify that I am physically fit and have sufficiently trained for the completion of this event and a licensed medical doctor has verified my physical condition. I also understand and agree that any sponsor may subsequently use for publicity and/or promotional purposes my name and/or pictures of me participating in this event without any obligation or liability to me. I further understand that my entry is non-refundable.

Participant Signature: _____

Parent/Guardian Signature: _____

(if participant is a minor)

Date: _____