

Please help **ST. ANDREW THE APOSTLE** win this year's
Crescent City Fitness Foundation Health & Fitness Grant & \$3,000
Entry fee: \$20 Checks payable to: St. Andrew the Apostle



Assigned Race # _____

5k Race – November 3, 2018 – New Orleans City Park – 8:30am
(Please Print)

Name (First Name, Last Name) and

Homeroom (St. Andrew Student)

Address (Street and Apt. Number -or- PO Box Number)

City

State

U.S. Zip code

Date of Birth

Age on Race

Area Code and Telephone Number

Shirt Size: YS YM YL AS AM AL AXL AXXL

Gender: FEMALE MALE

Email: _____

RACE ENTRY FEE: \$20.00(New price this year)* If returned & paid by Friday, Oct. 19, 2018

Amount Enclosed: _____ Please make checks payable to: **St. Andrew the Apostle**

Please return to Sharon Kleefisch in the parish or school office by Fri., Oct. 19, 2018

Waiver: I know that running a road race is a potentially hazardous activity that might cause personal injury or even death. I attest and verify that I am medically able and properly trained to enter and complete this event. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in this event, including but not limited to, falls, contact with other participants, the effects of weather (including high temperature / humidity), traffic and the conditions of the roads and bridges, all such risks being known and appreciated by me. Having read this, and in consideration for accepting this entry, the undersigned and anyone acting on my behalf, intending to be legally bound, hereby waive and release the City of New Orleans, Crescent City Fitness Inc., City Park, the Crescent City Fitness Foundation, Inc. and the event directors, all sponsors and volunteers from all claims or damages I may have as a result of participating in this event. I understand all entries are final, with no refunds, and that the race directors reserve the right in the event of an emergency or local/national disaster to cancel the race or to change the day and/or time to a later date and that in the event of cancelation there is no refund of entry fees. Further, I hereby grant full permission to any and all of the foregoing to use any photograph, videotape, motion pictures, recordings or any other record of my participation in this event for any legitimate purpose.

Signature _____
(Parent or legal guardian's signature, if under 18)

Date _____