



**OUR SAVIOUR SHAMROCKS
5K FUN RUN & WALK
MARCH 17, 2018 - 8:00am**

Pre-Registration: January 1 - March 2, 2018

\$25.00 for Runner 12 and up

\$15.00 for Children ages 6-11

\$60.00 for Family

Free for Children under 5 - Strollers are acceptable. No Pets!

All pre registrant will be guaranteed a free T-shirt for this event

Late Registration: March 3 - March 17, 2018

\$30.00 for Runner 12 and up

\$20.00 for Children ages 6-11

\$70.00 for Family

Free for Children under 5 - Strollers are acceptable. No Pets!

Saturday March 17, 2018

7:00 AM Registration Begins

7:45 AM Assembly Time

8:00 AM 5K Start Time

Location: Our Saviour School
455 East State St.
Jacksonville, IL 62650

Prizes will be awarded for:

Overall Winner

Top Male Under 40

Top Male Over 40

Top Female Under 40

Top Female Over 40

Top Male 17 and under

Top Female 17 and under

Best Shamrock Outfit for Adult

Best Shamrock Outfit for Child

****Please make all check payable to: Our Saviour School Athletics****



OUR SAVIOUR SHAMROCKS 5K FUN RUN & WALK REGISTRATION FORM

Please PRINT clearly

Name: _____ Age: _____ Runner Walker

Shirt Size: YS YM YL S M L XL XXL

Name: _____ Age: _____ Runner Walker

Shirt Size: YS YM YL S M L XL XXL

Name: _____ Age: _____ Runner Walker

Shirt Size: YS YM YL S M L XL XXL

Name: _____ Age: _____ Runner Walker

Shirt Size: YS YM YL S M L XL XXL

Contact Person: _____ Phone: _____

WAIVER: In consideration of you accepting this entry, I/We, the participant(s), intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Our Saviour School and all of their agents assisting with the event, sponsors and their representatives and employees for any and all injuries to me/us or my/our personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I/We certify as a material condition to my being permitted to enter this race that I/We am/are physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I/We acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver.

Signature: _____ Date: ____/____/____

Please return this form with payment to:

**Our Saviour School
Attn: Athletic Director
455 East State Street
Jacksonville, IL 62650**