



Wettlauf

5K Road Race & 5K Fitness Walk
Saturday, August 6 • 8:00 a.m.
Ninth & Main Street, Jasper, IN

Corporate Sponsor:

MEMORIAL HOSPITAL
And Health Care Center
Sponsored by the Little Company of Mary Sisters - USA

Sponsored by:

Holy Trinity
Catholic School

St. John Bosco
Catholic Youth
Ministries

REGISTRATION FORM

(one participant per registration form)

Name _____

Date of birth (mm/dd/yy) ___/___/___ Sex: ___ M ___ F

Race (circle): 5K Run 5K Walk

Address _____

City _____

State _____ Zip _____

Email _____

T-shirt size requested (circle): S M L XL 2X

Enclose a check or money order for \$15 (runners/walkers) or \$10 if 12 years old and under, payable to Strassenfest Wettlauf by July 29, 2022 for pre-race registration. Mail registration/liability waiver form and fee to: The Bosco House, PO Box 908, Jasper, IN 47547. For more information, call 812/639-4227.

LIABILITY WAIVER

This waiver and registration form must be completed by all runners and walkers in order for entry to be accepted.

I hereby for myself, my minor child (if applicable), my executors, administrators, heirs and assignees, do hereby release, discharge, hold harmless, and indemnify the St. John Bosco Youth Group; Holy Trinity Catholic School, its staff and board; MEMORIAL HOSPITAL AND HEALTH CARE CENTER, its boards, employees, and volunteers; other entrants and representatives; Jasper Strassenfest Committee; City of Jasper, its boards, elected and appointed officials and employees; and County of Dubois for all claims of property damage or personal injury, including death, that may arise or grow out of my (or my minor child's) participation in the Wettlauf. I certify that I have prepared for this event and am in adequate physical condition for 5K race/walk. I agree to follow all rules of the Wettlauf, obey all traffic laws, avoid littering, respect the property of others, and permit myself to be removed from competition if, in the opinion of the race administrators, my continuing would endanger my health. I also agree to indemnify and hold harmless Memorial Hospital and Health Care Center, Holy Trinity Catholic School, St. John Bosco Youth Group and the City of Jasper, its board, elected and appointed officials, and employees, in any claim, damages, expenses or action, including attorney fees, assessed or brought against them because of my acts or omissions or the acts or omissions of my minor child.

Signature of entrant _____

(and of parent if entrant is under 18) _____

Date _____ Telephone _____